KENT COUNTY COUNCIL

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

For the year 1922.

BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H

(Barrister-at-Law),

School Medical Officer

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KENT COUNTY COUNCIL.

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Department of the County Medical Officer,
Sessions House,
Maidstone,
February 17*th*, 1923.

To the Chairman and Members of the Kent Education Committee.

My Lord, Ladies, and Gentlemen,

I have the honour to submit herewith my Tenth Annual Report upon the work of medical inspection and treatment of school children in the County of Kent.

This report indicates the record of such work for the year ended December 31st, 1922.

Dr. J. W. Fox has again assisted me in the preparation of this report, and all the members of my staff have carried out their duties satisfactorily.

I thank you for the encouragement and support which I have always received from you.

I am, my Lord, Ladies, and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

School Medical Officer.

KENT EDUCATION COMMITTEE.

Report of the School Medical Officer

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1922.

1.—The Staff.

There have been some changes in the part-time personnel. Dr. H. Hick has resigned his school work in the Romney Marsh area, and this is now being done by Dr. F. Wolverson, of the whole-time staff. Similarly, Dr. W. Lessey has taken over the inspection of Hoo, formerly carried out by the late Dr. C. Flood. Dr. W. C. D. Hills has been appointed Medical Officer of Health for Sheerness and Queenborough, and he is also doing the school work of these districts. The work in the Sittingbourne area is now also being done by the whole-time staff, Dr. A. Murdoch's temporary appointment having automatically terminated.

2.—Co-ordination.

The arrangements for effecting co-ordination between the various branches of the Medical Service remain unchanged, and I do not think that much further improvement in this respect can be effected at the moment.

3.—School Hygiene.

Vide the 1920 report for the statement of the several conditions. During 1922 the medical inspectors have made special reports on the water-supply of all schools. These reports have been summarised by Dr. S. Tucker, and such summary appears on page 40.

4.—MEDICAL INSPECTION.

Vide the 1920 annual report. No substantial change has been made in procedure, except for the establishment of means to inform medical inspectors, when children showing defects are being re-examined, what action, if any, has been taken to remedy the defects. In this way there is closer co-operation between medical inspection, and medical treatment at the school clinics.

It will be observed that there has been a marked falling off of the total number of individual children examined at the elementary schools during the year. This is due to the fall of birth-rate during the war, to the policy of the Committee in excluding children under five from their schools in certain circumstances, and to the fact that during the years 1919-1921 medical inspectors were working off accumulated arrears. The following figures will be of interest in this connection :—

	1914.	1922.
Number of Schools	446	441
Number of departments	633	611
Total average number of children on roll	84,707	79,683

It is a fortunate circumstance that there has been no difficulty in adjusting the staff to the changed condition, as set out in paragraph 1.

5.—FINDINGS OF MEDICAL INSPECTION IN ELEMENTARY SCHOOLS.

(*a*) *Uncleanliness.*—525 parents received formal written notice to pay attention to conditions of uncleanliness discovered by medical inspectors at routine inspections, compared with 627 in 1921. The chief work in this connection is, however, carried out by the school nurses, and their results are set out in Table 1. Each school is visited at least twice a year by a school nurse, and the larger centres more frequently. By a " visit " is meant an original inspection and subsequent re-inspections of children found infected, repeated until a satisfactory result has been attained. It will be noted that during 1922, 1,235 children were excluded from school by the nurses for verminous conditions, compared with 1,219 in 1921.

Other than the activities of the school nurses, the most important step that could be taken towards the elimination of verminous conditions from schools would be the insistence by the Committee that no girl be permitted to attend unless her hair is properly plaited.

During the year the school nurses examined 142,620 children at routine visits, and found 6.99 per cent. verminous. The corresponding figures for London for 1921 are 2,113,463 and 20.5 per cent. The nurses re-examined 31,444 children and found 27.48 per cent. verminous.

Table 1. *Summary of work carried out by Nurses during the year* 1922.

School Roll of area.	No. of Visits to Schools.	No. of Girls examined.	% of Girls Verminous.*	No. of Boys examined.	% of Boys Verminous.*	No. of Girls re-examined.	% of Girls Verminous.*	No. of Boys re-examined.	% of Boys Verminous.*	% of Girls excluded.	% of Boys excluded.	No. of other visits to Schools.	Attendances at Clinics.	% Home visits to School Roll.	% Exclusions to School Roll.
79,683	2,639	79,696	11·02	62,924	2·2	24,493	32·2	6951	12·4	1·0	0·2	964	1121	24·9	3·1

*"Verminous" children include all degrees of uncleanliness, from 'a few nits' to 'many live vermin.'

(*b*) *Minor Ailments.*—The information available under this heading is set out in Table 12, and in the reports from the school clinics.

((*c*) *Tonsils and Adenoids.*—The position with regard to tonsils and adenoids is shown below :—

	No. of cases.	Cases for operative treatment.
Enlarged tonsils	3543	567
Adenoids	486	263
Tonsils and Adenoids ...	400	274
	4429	1104

Besides the 1,104 cases recommended for operative treatment, 496 other cases are being kept under observation with a view to determining the necessity for treatment later; the rest of the cases are of no practical importance, being merely slight deviations from normal.

(*d*) *Tuberculosis.*—Twenty-five cases of phthisis were recorded by the inspectors during the year, and in 109 other cases phthisis was suspected. There were also sixty-five cases of non-pulmonary tuberculosis recorded. It will be noted that the figures purporting to give the number of children suffering from a particular disease or defect do not always agree with the corresponding numbers showing the cases referred for treatment and under observation. The explanation is that no action is taken in cases known definitely to be under treatment. Table 15 refers to individual children and does not include "special" cases; it therefore differs somewhat from other tables.

Further information with regard to children suffering from tuberculosis is given in Table 7. Some of these children are permanently excluded from school and do not therefore come under the observation of medical inspectors.

(*e*) *Skin Disease.*—Affections of the skin among school children consist for the most part of scabies, impetigo, and ringworm. 46 cases of scabies and 273 of impetigo were recorded at medical inspections, but there were 91 exclusions for the former disease and 576 for the latter, including those by general practitioners and others. 433 cases of ringworm were under observation during the year. Of this number, 359 were fresh notifications, and 74 were brought forward from 1921. The seat of infection was as follows :—

	Head.	Body.	Head and Body.
Girls	141	73	5
Boys	112	95	7

426 specimens of hairs from these cases were submitted for examination at the County Bacteriological Laboratory at Maidstone, 295 being positive and 131 negative.

(*f*) *External Eye Disease.*—The following table gives a classification of the total eye defects noted at medical inspections, including defects of vision as well as external eye diseases.

(*g*) *Vision.*—Between 2,000 and 2,500 children showed some degree of defective vision, or were affected with squint. Of this number, 1,318 were actually referred for treatment.

Table 2. A classification of the TOTAL *Eye Defects discovered in each age and sex group during the year 1922.*

Age Group and Sex.			Numbers Examined.	Blepharitis.	Conjunctivitis.	Keratitis.	Corneal Ulcer.	Corneal Opacities.	Defective Vision.	Squint.	Other Conditions.
Entrants	4	M.	11	—	—	—	—	—	—	—	—
		F.	13	—	—	—	—	—	1	—	—
	5	M.	2240	27	4	—	—	1	8	31	7
		F.	2046	10	5	—	—	1	7	31	4
	6	M	997	6	1	—	1	1	5	13	4
		F.	1041	8	2	—	—	1	10	14	2
	Other ages.	M.	274	2	2	—	1	—	8	2	3
		F.	264	2	1	—	—	—	6	3	1
Intermediates	8	M.	3795	31	10	—	2	1	402	36	10
		F.	3616	39	4	2	—	4	418	36	8
Leavers	12	M.	29	—	—	—	—	—	4	1	—
		F.	58	3	—	—	—	1	15	2	—
	13	M.	3720	24	3	—	—	2	354	28	9
		F.	3772	37	2	—	3	1	452	24	9
	14	M.	34	—	—	—	—	—	2	—	—
		F.	37	—	—	—	—	—	11	—	—
Specials		M.	1127	15	5	—	—	3	143	31	3
		F.	1232	18	7	3	4	3	182	22	7
TOTALS			24306	222	46	5	11	19	2028	274	67

Table 3 gives an analysis of those cases of defective vision or suspected defective vision which were treated or further examined by the School Oculist at one or other of the eye clinics. Re-examinations are not included in the analysis. Cases classed as " eye-strain " are those requiring glasses, not for poor eyesight, but on account of the presence of symptoms such as headaches, arising from strain of the eye muscles, and due to errors of refraction. The numbers of children found to be suffering from this condition (without notable visual defect) are relatively few in comparison with the number suspected. In the majority of these latter, symptoms are associated with malnutrition, and the cases require treatment for the general condition.

The proportion of children for whom glasses were actually prescribed, to those presenting themselves for examination, remains much the same as in previous years. The varieties of refraction error also occur with the same relative frequency as in former years. A disturbing feature is the large number of children who come for attention and in whom no defect whatever is found. The explanation is not clear, but perhaps the fault may lie to a certain extent with the test types provided at the schools. Children of low mentality fail to recognise at 6 metres a letter formed slightly differently from what they are accustomed to, though they may name it when brought nearer. Occasionally what appears to be deliberate deception occurs, especially among the elder girls. In these cases, a pronounced defect of eyesight is completely remedied by means of a piece of plane glass. The opposite type, where a defect is made worse by means of plane glass, is still less frequently found.

Table 3.

	Dartford.	Ashford.	Sevenoaks.	Sheerness	Snodland.	Sitting-bourne.	Tonbridge.	Other.	Total.
Total Cases	326	76	41	135	66	112	112	107	975
Refractions	259	70	36	106	46	84	84	86	771
Glasses prescribed ...	202	51	23	82	31	62	61	63	575
Glasses obtained ...	190	51	19	69	27	53	50	47	506
Re-examinations ...	44	8	7	26	11	26	22	—	144
Squint	38	8	4	12	19	8	19	13	121
Hyperopia	45	7	4	14	12	14	17	15	128
Myopia	24	3	5	8	6	7	12	9	74
Astigmatism :—									
Hyperopic ...	89	24	11	35	19	22	20	22	242
Myopic	26	13	1	14	6	4	8	9	81
Mixed	17	6	3	11	3	11	4	4	59
Affections of Cornea	5	2	2	4	—	1	3	—	17
Affections of Lens	2	—	—	2	—	1	1	2	8
Affections of Fundus	—	—	—	—	1	1	—	3	5
Affections of Eyelids	10	—	1	7	3	5	6	3	35
Conjunctivitis ...	8	1	—	3	—	4	2	1	19
Nystagmus	—	1	—	—	1	—	—	1	3
Eyestrain	17	1	1	7	1	2	2	3	34

(*h*) *Ear Disease and Hearing.*—1.9 per cent. of the total number of children examined showed some defect of hearing. The corresponding figure for last year was 1.7. In view of the difficulty of carrying out satisfactory tests for hearing under the conditions prevailing at some schools, it is of interest to note that the statistics bearing on the faculty remain so constant from year to year. Statistics are naturally suspect, so that side lights of this kind may be properly mentioned to show that some reality does attach to them.

There were 131 cases of discharging ears, and 69 cases of other ear troubles.

(*i*) *Dental Defect.*—The following table (No. 4) shows the position with regard to carious teeth in school children throughout the administrative area as discovered by the medical inspectors. The figures of 1920 and 1921 are included for comparison, and suggest that there has been a notable improvement. In view, however, of the fact that in past years there have been similar fluctuations, it is too soon to draw any such inference from the figures.

The particulars given in Table 12 D are derived from the work of the two whole-time dentists working in circumscribed areas. They show 60 per cent. of cases to have carious teeth, compared with 63 per

Table 4. *Showing the cases of Defective Teeth in each age and sex group during the year* 1922, *and the percentage of such cases in relation to the number examined.*

Age Group and Sex.			Numbers' examined	With four or more defective teeth.		With less than four defective teeth.		Total with carious teeth.		Per centage with carious teeth in 1921.	Per centage with carious teeth in 1920.
				Number.	Percentage	Number.	Percentage	Number.	Percentage		
Entrants	4	M.	11	1	9·1	1	9·1	2	18·2	7·2	27·0
		F.	13	1	7·7	2	15·4	3	23·1	27·3	6·3
	5	M.	2240	212	9·5	722	32·3	934	41·7	39·6	41·3
		F.	2046	160	7·9	638	31·2	798	39·1	40·9	41·8
	6	M.	997	91	9·2	300	30·1	391	39·3	43·1	54·2
		F.	1041	105	10·1	321	30·9	426	41·0	45·9	56·0
	Other ages	M.	274	33	12·1	81	29·6	114	41·7	46·5	68·2
		F.	264	31	11·8	92	34·9	123	46·6	42·9	66·7
Intermediates	8	M.	3795	399	10·6	1331	35·1	1730	45·6	63·5	75·9
		F.	3616	387	10·8	1815	50·2	2202	60·9	60·8	76·3
Leavers	12	M.	29	3	10·4	12	41·4	15	51·8	53 6	65·6
		F.	58	2	3·5	24	41·4	26	44·9	52·4	47·2
	13	M.	3720	188	5·1	1630	43·9	1818	48·9	59·3	49·3
		F.	3772	156	4·2	1541	40·9	1697	45·0	49·0	50·3
	14	M.	34	2	5·9	18	53·9	20	58·9	65·2	70·2
		F.	37	2	5·5	10	27·1	12	32·5	60·9	72·3
Specials		M.	1127	40	3·6	111	9·9	151	13·4	23·7	38·2
		F.	1232	50	4·1	171	13 9	221	18·0	20·5	40·7
TOTALS			24306	1863	7·7	8820	36·3	10683	44·0	48·6	58.3

cent. for 1921 and 71 per cent. in 1920. The figures are higher than those obtained by the medical inspectors because of the dentists' necessarily more careful search with probe and mirror, but they show a corresponding improvement. This improvement is to be accounted for in part by the fact that the dentists' inspections now include the earliest ages, when not so much caries would be expected. Mr. Thomas gives some figures on page 20 showing a slight increase when attention is confined to ages 5, 6, and 7. The number of cases of dental caries (generally slight) found on re-examination of children who have previously had treatment, constitutes 50 per cent. of the total re-examined, compared with 45 per cent. in 1921.

(*j*) *Crippling Defects.*—The number of cases classed as "deformities" requiring treatment is returned as 173. Forty-eight other cases are being kept under observation. In addition, there are bony and other crippling forms of tuberculosis, as enumerated in Table 10. Other defects, *e.g.*, paralysis leading to the production of "cripples" in the ordinary meaning of the term, have not been separately classified. Information concerning "physically defective" children (usually established cripples of school age) in the area of the Kent Education Committee is given in Table 11.

6.—INFECTIOUS DISEASES.

It is unnecessary to repeat the details of the methods used for dealing with infectious disease, as these will be found in the reports for 1920 and previous years. The following table summarises the school closures for infectious diseases during 1922.

Table 5. School Closures during 1922.

Reason for Closure.	Under one week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks	6 weeks and over.	Total.
Measles	1	10	17	28	3	1	—	60
Whooping Cough ...	—	8	4	26	7	—	—	45
Scarlet Fever ...	—	4	2	—	1	—	—	7
Diphtheria	1	1	—	—	—	—	—	2
Influenza	5	48	10	2	—	—	—	65
Mumps	—	—	1	—	—	—	—	1
Whooping Cough & Influenza ...	1	6	1	—	1	—	—	9
Whooping Cough & Measles	—	2	—	3	2	1	1	9
Measles & Mumps	—	2	—	—	—	—	—	2
Influenza & Mumps	—	1	1	—	—	—	—	2
Influenza & Measles	—	—	1	—	—	—	—	1
Influenza, Mumps & Whooping Cough	—	—	—	1	—	—	—	1
Totals	8	82	37	60	14	2	1	204
Totals for 1921 ...	5	17	8	9	2	1	—	42

There has been a very great increase in prevalence of these diseases, following the abnormally low incidence of 1921. School closure is not based purely on scientific principles. It is obvious that a school cannot be closed merely because an odd case of infectious disease occurs, as then hardly any school would remain open for long. On the other hand, if the majority of the children on a school roll are affected, it closes almost automatically. School closure must be largely a matter of compromise between the interests of school attendance and of the public health, the decision in an actual instance being determined by a consideration of all the factors ascertainable which have a bearing on the matter, such as the distribution of cases throughout a parish, or the number of children remaining in school who may be considered immune by reason of a previous attack of the disease.

7.—FOLLOWING-UP.

By " following-up " is meant the adoption of action intended to persuade or help parents to obtain treatment for the defects found at medical inspection. Details of the measures used to effect this were given in the report for 1920. There have been no important changes since that time.

8.—MEDICAL TREATMENT.

Review of the methods employed or available for the treatment of defects. Statement of results.

(*a*) *Minor Ailments.*—Children suffering from minor ailments, such as impetigo, ringworm, etc., are treated by the school nurses at the school clinics. For this purpose the school clinics are open every morning for a short while, including Saturday morning, when a medical officer is also in attendance. Where no clinic is available, the children are treated at their homes. In the cases of children under treatment elsewhere than at a school clinic, a case-card is made out for each defect, and this card is forwarded to the central office for scrutiny at the end of each week until completion. Certain cases, *e.g.*, blepharitis or ear discharge, are only seen by the nurses under the supervision of local medical practitioners.

The following is a summary of nurses' case-cards for the year 1922 :—

Ringworm of scalp	133
Ringworm of skin	194
Impetigo	469
Scabies	59
Sores	36
Eye conditions (under a doctor's supervision) ...	172
Ear conditions (under a doctor's supervision) ...	150
Other defects	64

The only instances of the treatment of county children for minor ailments by an autonomous authority are those of Gillingham and Folkestone, where a few children are treated from the surrounding country. As a rule parents will not take their children more than a mile or so for the treatment of minor ailments.

A small minor ailment clinic has been established at East Farleigh during the year by voluntary workers and on their own initiative, but in co-operation with this department. I take this opportunity of thanking Mrs. Littlewood and her colleagues for their help, but I am unable at present to give an account of the work already accomplished.

(*b*) *Tonsils and Adenoids.*—Treatment for obstructed breathing is carried out at hospitals or clinics . In the case of the clinic at Sittingbourne, the Committee's premises are used, but responsibility for the actual treatment rests with approved general practitioners of the town. The arrangements are such that a bed is available if it is deemed necessary to detain a patient overnight in charge of a trained nurse. The clinic at Folkestone belongs to the Local Education Authority of the Borough. The following table shows the institutions undertaking this work and the number of cases treated during the year, and gives the number of eye defects treated at the same places.

Table 6.

Hospital or Clinic.	Eye Defects. No. of Cases.	Tonsils & Adenoids. No. of Cases.
Ashford Cottage	—	39
Bromley ,, ...	—	8
Bexley ,, ...	—	14
Chislehurst, Orpington and Cray Valley...	—	29
Dartford Livingstone	—	44
Deal Victoria	—	1
Folkestone Clinic...	48	35
Faversham Cottage	—	15
Gravesend General	—	23
Herne Bay Cottage	—	9
Kent County Ophthalmic	60	72
Kent and Canterbury	32	21
Margate Cottage	—	24
Margate Clinic	2	—
Royal Victoria Hospital, Dover ...	11	2
,, ,, ,, Folkestone ...	—	2
Sittingbourne Clinic	—	3
Sevenoaks Cottage	—	27
St. Bartholomew's, Rochester	19	20
Springfield Nursing Home	—	20
Tonbridge Cottage	—	28
Tunbridge Wells Eye and Ear	42	24
,, ,, General	—	2
Totals	214	462
Figures for 1921	328	749
Figures for 1920	212	634

In order to ascertain the teachers' views of the results of the operations for enlarged tonsils and adenoids, I have asked the head teacher of each school, attended by a child who has had an operation, for his observations with regard to the cases. About sixty replies have been received, and there is almost complete unanimity as to the resulting improvement. The following are a few typical replies :—

No. of children concerned.	Opinion of teacher as to result of operative treatment on child's physical and mental state.
1 girl.	"Marked increase of activity. Few signs of fatigue, and periods of concentration much longer. One of the most marked cases of improvement that has ever come under my notice. The mother is delighted at the success of the operation."
1 boy.	"Decidedly stronger, both physically and mentally." Four cases have been treated from this school, and "their mental improvement has been very marked."
1 boy.	"Always a quick boy, I fancy now he is even brighter. Speaks more distinctly; hearing has considerably improved. Has gained considerably by the treatment."
1 girl.	"Greatly improved—free from colds (to which she was very prone), and has not lost a day's attendance since her return to school. Parents very satisfied with the result, and say her general health is greatly improved."
1 boy.	"Improvement in the child is simply wonderful—bright and bonny in health, keen and alert in his lessons."

(c) *Tuberculosis.*—Children suffering or suspected to be suffering from tuberculous disease, if not under treatment already, are referred to their own doctors, or, when necessary, to the tuberculosis dispensaries. The following table gives particulars of children from the area of the Kent Education Committee who attended the dispensaries during the year.

Table 7. Showing school children from the area of the Kent Education Committee who were seen at the Tuberculosis Dispensaries of the Kent County Council during 1922.

Age.	Tuberculosis of Lungs (Definite)	Tuberculosis of Lungs. (Suspected)	Glands.	Spine.	Hip.	Other Bones and Joints.	Skin.	Other forms of Tuberculosis.	Non-Tuberculous Diseases	Total.
5	14	13	13	1	1	2	—	2	26	72
6	10	18	11	—	2	—	—	3	40	84
7	10	21	14	1	—	3	—	2	22	73
8	28	24	13	3	2	2	—	1	34	107
9	17	20	13	1	—	1	1	1	26	80
10	11	14	12	1	—	—	—	1	26	65
11	13	11	15	1	4	1	—	—	24	69
12	18	14	10	1	2	1	1	1	14	62
13	27	14	12	1	3	4	—	—	19	80
14	13	3	5	—	3	—	—	—	13	37
Total	161	152	118	10	17	14	2	11	244	729

(*d*) *Skin Disease.* Cases of impetigo and scabies are considered under "minor ailments." Ringworm is also dealt with as a minor ailment, unless X-ray treatment can be adopted. X-ray treatment is carried out at Guy's Hospital, St. Bartholomew's Hospital, Rochester, and by Colonel Palk at Folkestone. In all, sixty cases were X-rayed during the year, the average number of days between treatment and re-admission to school being sixty days. 193 cases were treated by other methods, and the average period of absence from school was 145 days for completed cases. In the former cases, there was an average period of three months' ordinary treatment. There is, however, a real saving of school attendance in the first series, for many of the second series are quite mild and curable within a few weeks on account of the nature of the infecting organism.

(*e*) *External Eye Disease.*—The more serious affections of the eye are unsuitable for treatment at school clinics. Such cases are referred to hospital usually by a general practitioner. It will be seen from Table 2 that they are infrequent. Conditions such as blepharitis and conjunctivitis are treated by the school nurses under medical supervision. *Vide* page 14.

(*f*) *Vision.*—The treatment of defects of vision has proceeded along the same lines as in previous years. With a view to economy, both from the Committee's point of view and from that of parents, an attempt is being made to extend the work done by the School Oculist into areas hitherto served by hospitals more or less available, or by the clinics of autonomous authorities. Temporary clinics have been started during the year at Maidstone, Hythe, Hawkhurst and Whitstable, resulting in a diminished cost per case, lessened cost of spectacles, and in the saving of railway fares.

Some progress has been made in securing the early treatment of squint, through the medium of child welfare centres, and I wish to mention particularly the case of Snodland, where Nurse Miles has been indefatigable in getting small children to the clinic. Strictly speaking, an Education Committee is not responsible for this work, but it is of the greatest importance, and no additional expenditure has been necessary. No further justification seems required.

There are twenty-three known cases of myopia or short sight exceeding six dioptres in the school clinic areas, and many of these would be benefited by instruction in special schools for myopes. This, however, necessitates residence away from a child's home, and it is difficult to secure the consent of parents to removal. Only two cases have been dealt with in this way.

Owing to the prevalence of unemployment, it has been necessary to assist many parents to purchase spectacles. They are obtained at a cheap rate through contracting opticians.

The system in vogue of prescribing spectacles with the help of standard frames, though open to criticism, works quite as well as the less available method, when sufficient care is exercised in specifying the desired deviations from standard.

The table on page 11 sets out the total amount of work accomplished.

(*g*) *Ear Disease and Hearing.*—Treatment of deafness usually resolves itself into attention to some underlying cause, *e.g.*, adenoids (*q.v.*). Treatment of ear discharge presents great difficulty in school work, owing to the long continuance of the condition and so to exhaustion of the patience of the parents. The school nurses assist parents in carrying out the treatment ordered by the doctor in charge of the case, whether private or at the clinic. Syringing with mild antiseptics appears to be the most frequent method of treatment adopted. There is no record of its having done harm in any of the cases under review. The Committee have incurred no responsibility for mastoid operations. *Vide* Table 12 on page 46.

(*h*) *Dental Defects.*—There has been no change in arrangements, and a summary of the work of two whole-time dentists appears in Table 12 D. No attempt is made to cover the county, and the dentists confine their activities for the most part to the centres where permanent clinics are established. Only in this way can it be hoped to produce an appreciable amelioration of dental conditions anywhere.

A committee of the British Dental Association has recently published a report on the organisation and staffing of the School Dental Service, including a table, compiled from forty separate towns, showing the average amount of work performed by a whole-time dental officer. Although your dentists are working in a county area, and must therefore spend much time in travelling, yet their record of work compares favourably with the results referred to. It is only fair to add, however, that the British Dental Association's Committee express grave dissatisfaction with the average of the towns investigated.

Mr. C. E. Thomas, one of the whole-time dental surgeons, has submitted the following report respecting the school dental service :—

Annual Report for 1922.

" Dental treatment has been carried out at the following main clinic areas throughout 1922 : Ashford, Sevenoaks and Tonbridge. In addition, children have been treated for dental defects at temporary clinics held at the following centres : Cheriton, Edenbridge, Herne Bay, Hythe, Westerham, and Whitstable. The teeth of children in forty schools from the above districts have been examined, comprising the most important age groups, five, six, and seven years. Also re-inspections after previous treatment at the clinics, and special cases.

" A general improvement in children is invariably reported by parents after dental treatment, and this is confirmed on re-inspection. Addresses to children on ' Care of the Teeth ' have been given at all the above schools during the time of examination, and this, combined with tooth brush drill in the schools, has had the desired effect of more children obtaining tooth brushes and cleaning their teeth night and morning. Where the above has been done systematically in the schools improvement in the older children's teeth is noticeable. Unfortunately many people believe that care of the first teeth is of small importance, whereas lack of early attention to this dentition is responsible for many defects in the second.

" As an illustration of this, many parents wait until a child is in pain before accepting dental treatment. Then the teeth have generally become too carious to save, and have to be extracted. This early loss of first teeth and masticating powers causes smaller jaws and the second teeth to erupt in the wrong positions. Overcrowded teeth result, which is one pre-disposing cause of dental caries and pyorrhœa.

" With the object of preventing these defects, illustrated lectures for parents of school children have been given in the following places : Tonbridge (three), Swanley, and Hythe, but much more propaganda work is needed on this subject. Early dental examination, advice and treatment through the maternity and child welfare centres is advocated, and this should commence when children are two years of age.

" There is also the necessity for effective pre-natal treatment, owing to the appalling condition of many women's teeth, and it is hoped that this will be obtained by a system of insurance without financial cost to the State.

" The following shows the percentage of the five, six, and seven years age groups examined with carious teeth compared with 1921 :—

Ages examined.	1921.	1922.
5	55.36	59.18
6	63.67	64.57
7	73.92	74.59
5, 6, and 7 yrs. together	65.24	66.74

" This large percentage is attributed to faulty diet, adulterated foods, mouth breathing, and the increase in use of patent foods. Children naturally fed have better formed jaws and teeth than those brought up on patent foods. Most methods of preparing food eliminate the need for sufficient mastication, and also a large percentage of the essential vitamines or accessory food factors. White flour, tinned and patent foods come under this heading.

" The above, combined with the excessive consumption of artificial sugars and farinaceous foodstuffs in unduly refined forms, together with the adulteration which is so prevalent, is responsible for the present bad condition of the teeth. Fresh food and salads help to a great extent in preventing dental caries, especially if eaten at the end of meals. With regard to details of the work in 1922, there has naturally been an increase in re-inspections and treatment, with a corresponding reduction in the other work. About 50 per cent. of children previously treated require slight additional treatment in later years to make them dentally fit. This treatment generally consists of small fillings, scalings, or extractions to relieve overcrowding.

" Of the new cases treated, about one-third were special ones, mostly cases referred for treatment from medical inspection.

" Several visits are generally necessary for each of these special cases, and a large proportion of the time is spent on them. Owing to the small staff available for dental treatment it is advisable to concentrate the treatment on the youngest age groups and treat them in following years through their school life. The effect of treatment is then more noticeable, and teachers have reported cases of children who have been brighter and better able to absorb knowledge after dental treatment where septic conditions have been removed.

" Additional cases are being advised to obtain treatment privately whenever possible. It is stated that owing to refusals for treatment varying between 10% and 50% a school dental surgeon should be able to deal with about 4,000 children requiring treatment in a rural and 5,000 in an urban area. It is, therefore, obviously impossible for two dental surgeons to cope with the school dental work in a county. The percentage of refusals is proportional to the amount of time which can be devoted to following up the cases and propaganda work on ' Care of the Teeth.'

" People in general are beginning to realise the importance of care of the teeth in relation to general health and prevention of many diseases. There are many applications for treatment from country districts, but this is not practicable unless a car is available for conveyance of dental surgeon, nurse, and apparatus, direct from the centre to school or temporary clinic concerned. Certain cases also cannot walk long distances after treatment. It is found that a larger percentage of parents accept treatment for the children when they can be treated at or near the schools. New schools or any additions or alterations should include a room which can be used for clinic purposes. There would not then be the necessity to hire rooms for temporary clinics, which, as a rule, are not satisfactory.

" Owing to the arduous nature of dental treatment, it is essential that the condition for the service should be as agreeable as possible, the personal element having so much to do with the work."

Dr. S. R. Lane, the other whole-time dental surgeon, reports as follows :—

" The scheme of dental treatment has now been in operation long enough for definitely good results to be observed, and which are very perceivable in the re-inspected children. I am glad to say the parents are paying greater attention to the children's teeth, in seeing that they are kept properly cleaned, and bringing them to the clinics when necessity arises.

" The introduction of systematic inspection of the five, six, and seven years old children, and the re-inspection of the previously treated children, will be a real economy, as the defects become naturally more difficult to rectify satisfactorily at a later stage, and the earlier they are detected and remedied the better for all concerned. By inspecting infants each year, as routines, and following up year by year all cases previously treated, in the course of a few years, most of the children in the school will be passing through the dentist's hands each year. The great importance of this work and the real need that it supplies, is easily understood when one realises that some 65 per cent. of the younger children examined have defective teeth.

"On the whole, the arrangements made for carrying out the treatment and inspections have proved satisfactory and met the various requirements for the year."

(*i*) *Crippling Defects and Orthopœdics.*—It is to be regretted that the authorities of the Bergman Osterberg Physical Training College, at Dartford, have found it necessary to close their clinic for remedial exercises and massage. There is now no place where remedial exercises are available for elementary school children.

An orthopœdic centre was established at Canterbury in August in connection with the Kent and Canterbury Hospital, and one case of lateral curvature and one case of spastic paraplegia were treated during this period. In the first case, the child made fifteen attendances at the hospital, and the second case attended ten times.

9.—Open-air Education.

No special provision has been arranged for open-air education. Playground classes are taken intermittently as circumstances allow. There are no arrangements for school journeys or school camps. The Committee are able, from time to time, to secure the admission of children requiring an open-air life to the Florence Emma Home, at Kearsney, near Dover.

10.—Physical Training.

There have been no important developments with regard to physical training. The Committee are considering the question of the appointment of organisers of this branch of education, and there is no doubt that there is great scope for improvement calculated to assist materially in the work of preventive medicine. It is more important to prevent the occurrence of cases of curvature of the spine, mouth breathing, etc., than to take subsequent measures for their cure.

11.—Provision of Meals.

The economic situation has prevented the Committee from extending the scope of the work of school canteens. Although one or two new canteens were opened during 1922, much of the work has been curtailed and in fact almost limited to those places where no expense has to be incurred in the matter of accommodation.

There are now twenty-seven school canteens established in the county area, and in the majority of instances they are running on self-supporting lines.

In four areas, namely, at Tonbridge, Dartford, Crayford Northend and Crayford Ward, the Committee have continued to provide, at their canteens, meals without payment. The Board of Education have now pointed out that this duty is one which should properly be carried out by the Poor Law Authorities, and have intimated that they are unable to recognise expenditure on free meals which may be directly attributable to unemployment. The County Council have, however, agreed to continue the meals in these areas, with the exception of Tonbridge, until the 31st March, 1923. This action followed the refusal of the Board of Guardians to act in accordance with the suggestions set out in the Board of Education Circular.

A notable aspect of the work of school canteens has been the improvement in school attendance where facilities are provided for obtaining a good hot mid-day meal at a reasonable price. This, coupled with the improved mental and physical capacity of the children, may be regarded as one of the most important results of school canteen work. Enquiries into various cases of under-feeding have been conducted and suitable steps for relief recommended. It is worthy of note that several of our school canteens provide, without charge to the Committee, a large number of free meals yearly to the children of parents who are genuinely necessitous.

Of the total expenditure of £3,316 on school canteens for the year ended March 31st, 1922, it is estimated that the grants to school canteens serving free meals amounted to £1,602, of which £1,002 went in the purchase of food. In addition, the permanent canteens during the year provided out of local funds, and without imposing any charge on the rates, 4,786 free meals.

The number of meals supplied during the year ended March 31st, 1922, at the expense of the Committee, was 102,675. The number of meals supplied in return for payment by parents or funds raised locally was 172,267.

During the same year there were fed in the county : At the expense of the Committee, 556 children; on payment of a fee, 1,363 children; making a total of 1,919.

The average cost of meals during the year of food only was 2.051 pence, and the average cost per meal, after allowance had been made for all expenses, was 3.612 pence.

It should be pointed out that the practice of the Committee is not to provide meals and take fees, but to give aid to independent local committees who undertake to provide meals.

The following are extracts from four representative reports received from the Medical Inspectors :—

DR. LESSEY : CRAYFORD SCHOOL CANTEEN.—NORTHEND SCHOOL.

(*a*) *Co-ordination with school medical service.* Children of poor nutrition are recommended for meals free at the canteen by the Medical Inspector.

(*b*) Apart from those children recommended by the School Medical Inspector for meals there is no *system of selection*, but meals are provided free to all children whose parents are out of work. All other children obtain meals by paying 4d. a day.

(*c*) *Sufficiency and suitability of the dietary.* Breakfast consists of porridge and milk with bread and jam and cocoa and milk. Dinner consists of two courses, which vary from day to day, and are made up from meat, potaoes and greens in the form of stews, soups, pies and puddings, but no roast, for the first course.

There is always a sweet, consisting of either stewed fruit, fruit pudding, jam roll, milk pudding or treacle pudding. All the children are offered a second helping, which they receive if they desire it.

(*d*) *Educational aspect.* The children are taught to conduct themselves properly and to make use of spoons, knives and forks in the right way, and to keep themselves clean. Some of the bigger children do the distributing and waiting for the smaller ones.

(*e*) *Suitability of accommodation.* A classroom and the corridor adjacent to the cook-house is utilised, and desks serve as tables, which are fairly satisfactory. Cook-house equipment is suitable and satisfactory; plates, forks, knives and spoons are satisfactory and sufficient. Supervision and efficiency of the service : The supervision is carried out by four teachers, who do the work voluntarily, regularly and efficiently. The meal hours also appear to be punctual.

(*f*) There are no arrangements made for ascertaining or recording the effects of the meals on the physical and mental condition of the children, but the Headmaster and other teachers express the view that the children are certainly the better for the meals they have. Children who are used to bread and jam for dinner prefer that at first, but gradually get to like a more substantial meal, with vegetables and fruit.

(*g*) *Economical administration.* A cook and assistant are paid, but all the other work is voluntary. A teacher attends to the purchase of the food and does so with due regard to economy, taking care to procure fruit, vegetables, etc., when they are in season and cheap.

An average of fifty breakfasts a day and a hundred dinners a day are provided.

DR. SELFE : WESTERHAM SCHOOL CANTEEN.

(*a*) Debilitated anæmic children and other children showing signs of malnutrition are recommended to take the dinners by the Medical Inspector.

(*b*) Any child may join the canteen if willing to pay.

(*c*) Two courses each dinner. The dietary is varied and of good quality. Sufficient and suitable in every respect.

(*d*) No special attention is given to the educational aspect of the work. Good table manners are, of course, insisted upon.

(*e*) The accommodation and equipment are quite satisfactory. Each day a lady takes charge at dinner time and serves. A salaried cook is employed—15s. per week. Practically all the children take their turn at serving and clearing. They are appointed for the week—four to serve, four to clear and wash up (boys and girls).

(*f*) Form 20 M.I. is in use. The children taking the meals have benefited both physically and mentally.

(*g*) Charges, 4d. per meal per head; 3½d. per head for meal where more than one in a family stay to meals. Receipts roughly meet expenses if an average attendance of 25-30 is maintained.

Practically no change since last report.

DR. WATTS : HERNE BAY SCHOOL CANTEEN.

I beg to report that the average attendance is 55, considerably less than last summer, when it was 90. This is probably owing to the fact that food is cheaper, and parents can afford to feed their children at home.

3½d. per meal is the sum charged. About 14 meals are paid for in necessitous cases by the Herne Bay Philanthropic Society. Any child may attend who wishes.

The meal on July 21st consisted of Irish stew, cornflour and new milk, with fruit salad.

The canteen is supervised by the Head Teachers of the Boys' and Girls' Departments, who attend each day. Suitability of the equipment and accommodation is satisfactory, except that the provision for storing food is insufficient, but there is plenty of hot water from a large copper, there are two large gas cookers, and also two refuse bins. The cook does the shopping locally. Beef is bought at 6d. a lb. and there is no waste. Good fresh meat is cooked each day. The rent is £15 a year. The Kent Education Committee pays for coal and gas, etc.

The cost of labour is £1 8s. 4d. per week. No arrangements are made for ascertaining and recording the effect of the meals. Lessons are given in school on hygiene twice a week, including food values.

DR. SELBY : DODDINGTON CANTEEN.

The school canteen has been carried on at Doddington very successfully for the past five years. It is supervised by a committee consisting of the School Managers and some local ladies. Supervision is exercised by the Head Master. All the school children are eligible for admission, but free meals are given to children whose parents are out of work.

The diet is sufficient, suitable, and well cooked, and consists of meat and vegetables, followed by pudding or sweets.

The accommodation is a large room, over a garage, near the school.

The canteen is self-supporting, and the free meals are paid for out of the profits. The payment is 3d. per head per meal, paid weekly in advance.

The average attendance is about 70. The School Medical Inspector occasionally visits the canteen whilst meals are being served. Form 20 M.I. is being used. The cost of labour is 27s. 6d. weekly. The educational aspect of the work is shown in the way children are taught to behave at meals.

12-16.—SCHOOL BATHS. CO-OPERATION OF PARENTS. CO-OPERATION OF TEACHERS. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS. CO-OPERATION OF VOLUNTARY BODIES.

There have been no developments under any of these headings.

17.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(*a*) The methods adopted for ascertaining what children are blind, deaf, etc., and the subsequent procedure, remain as heretofore and as given at length in my 1920 report. I am satisfied that there are not many cases which escape observation. Table 11 gives particulars of all known cases falling under these several headings. The figures given approximate closely with those of last year. It will be noted that in the case of the blind or partially blind a much better proportion of the cases are now in certified schools, viz., 44 per cent. instead of 27 per cent.

(*b*) The medical officers of the two Special Day-schools for the feeble-minded, situated respectively at Tonbridge and at Dartford, report as follows :—

Annual Report on Tonbridge Special School.

No. on roll, Jan., 1922	Boys 17	Girls 19—36
No. on roll, Dec., 1922	Boys 12	Girls 18—30

No. admitted during year, two, both girls.
No. left, etc., during year, eight—three girls, five boys.
One girl excluded on medical certificate—tuberculosis.
One girl certified fit to return to ordinary elementary school.
One girl removed owing to transport difficulty, now believed to be in institution.
Two boys admitted to institutions.
One boy excluded under M.D. Act.
One boy left district.
One boy removed owing to transport difficulty.

The work of this school has been carried out on similar lines as in previous years, but the Head Mistress (Miss Turner) has apparently devoted more time to physical instruction (simple folk dances, etc.) than formerly. This, in my opinion, is a wise move for the class of children attending, for they need greater freedom than those who are of normal intelligence, and the exercise is beneficial to them physically and mentally.

" The progress made has, on the whole, been satisfactory, and there are several of the younger children who, it is hoped, may be fit for re-admission to elementary schools in the near future.

" As last year, all children have been tested twice during the twelve months by the modified Terman Binet Simon tables. The results of ordinary medical examination as regards treatment of defects are more encouraging.

" There are children of very different degrees of feeble-mindedness attending this school; at least three are of the typical Mongol class, not far removed from imbecility, whereas others are perhaps equally close to the merely dull and backward. Though there is a very definite improvement shown by the first-named since admission to the school, it would seem better in the future to make an attempt to admit only the border line dull or backward child, for whom, in my opinion, this school is more particularly adapted."

Day Special School, Dartford. Report for 1922.

Nominal accommodation	78
Number on roll, 1st January, 1922	33
Number on roll, 31st December, 1922	32
Number left during the year	7
Number admitted during the year	6

" Three children left on attaining the age of sixteen. One child was transferred to Caterham Mental Hospital, another was considered fit to return to an ordinary elementary school, and a sixth left the neighbourhood.

"There is an 'after-care' committee in connection with this school, but details of what has been accomplished on behalf of the children who have left school were not to hand at the time of going to press.

"The future of this school remains in the balance. At the date of writing a deputation from the Committee to the Board of Education has been arranged for early in the year to urge consent to the closure of the school and the approval of an alternative method of dealing with the higher grade children in the school, in conjunction with the most markedly dull and backward children of the district generally."

18.—NURSERY SCHOOLS. Not established.

19.—SECONDARY AND PRIVATE SCHOOLS.

Provision exists for medical inspection at all the secondary schools maintained by the Committee, and at those aided schools the Governors of which desire it. Only those private schools are visited the proprietors of which are willing to pay the cost. The details of organisation are set out on page 35 of my report for the year 1920. The instructions of the Board of Education with regard to examination every year of all pupils of twelve years of age and older have been followed for this year, with the result that some opposition from parents has arisen on the plea that such frequent examination is unnecessary. I am disposed to agree with this view, and am of opinion that the original scheme as adopted by the Committee is preferable, viz., examination at intervals corresponding with those at elementary schools.

FINDINGS OF MEDICAL INSPECTION IN SECONDARY SCHOOLS.

(*a*) *Uncleanliness.*—No cases have been reported except at one school. In this instance the Head Mistress of the school asked for the assistance of this department, and as a result the local school nurse made a complete inspection of the school. No further action was necessary.

(*b*) *Minor Ailments.*—No cases of minor ailments have been brought to the notice of the doctors, except as referred to under "skin diseases."

(*c*) *Tonsils and Adenoids.*—604 cases were recorded; of these, 80 required treatment and 132 were noted for further observation. Given as percentages, 9.9 of all the pupils examined were considered to have some degree of enlargement of these tissues, but only 1.3 per cent. were recommended immediately for operation. In the elementary schools, the corresponding figures were 18 per cent. and 4.5 per cent. respectively.

The higher incidence in elementary schools attaches to all age groups, and therefore the results cannot be ascribed to different age distribution in the two classes of school.

The following figures show the age and sex distribution :—

Females aged 10. Total cases 12 = 19%.
Females aged 12. Total cases 62 = 14%.
Females aged 15. Total cases 77 = 12%.
Males aged 10. Total cases 18 = 11%.
Males aged 12. Total cases 56 = 10%.
Males aged 15. Total cases 54 = 8%.

There is thus an appreciably higher incidence among females and a definite decrease with age in both sexes.

(*d*) Four cases of non-pulmonary tuberculosis were discovered. In addition, there were four cases of suspected pulmonary tuberculosis.

(*e*) Skin diseases were represented by impetigo, scabies and ringworm, amounting in all to eight cases.

(*f*) *External Eye Diseases.*—There were fifteen cases of blepharitis, four of conjunctivitis, and four of corneal opacities.

(*g*) *Defective Vision.*—Eighteen per cent. of the pupils showed some defect of vision, compared with 11 per cent. among elementary school children (after eliminating "entrants," whose eyes are not examined). Of this 18 per cent., 7 per cent. were referred for treatment and 3 per cent. had already obtained treatment. Seven per cent. of the elementary children were also referred for treatment, but the number already treated is not known. The following figures may be recorded to show the age and sex distribution of the defect.

Table 8. SECONDARY SCHOOLS.

Females aged 7-10.	No. of scholars 136.	No. of cases 40—29%
Males aged 7-10.	No. of scholars 314.	No. of cases 32—10%
Females aged 12.	No. of scholars 438.	No. of cases 105—24%
Males aged 12.	No. of scholars 514.	No. of cases 98—19%
Females aged 15.	No. of scholars 599.	No. of cases 137—23%
Males aged 15.	No. of scholars 643.	No. of cases 94—14%

ELEMENTARY SCHOOLS.

Females aged 8.	No. of scholars 3,616.	No. of cases 418—11%
Males aged 8.	No. of scholars 3,795.	No. of cases 402—10%
Females aged 13.	No. of scholars 3,772.	No. of cases 452—12%
Males aged 13.	No. of scholars 3,720.	No. of cases 354— 9%

It is clear that, at all ages, the girls show the greater number of cases of defective vision, and that this difference is much more marked in secondary schools. These figures show no notable influence of age, which is unusual. Though all deviations from normal vision are included, the resulting totals compare favourably with many areas. In the London elementary schools the figure is approximately 20 per cent, (*h*) *Defective Hearing.*—Fifty-seven, or 1 per cent., of the pupils were recorded as having defective hearing, and one-half of these were referred for treatment. There were eleven cases of ear discharge.

(*i*) *Dental Defects.*—Thirty-two per cent. of the pupils show dental caries—on more or less casual inspection, *i.e.*, without probe and mirror—compared with 45 per cent., the corresponding figure for the elementary schools, and there continues to be a smaller proportion of the more extensive cases of disease.

(*j*) *Crippling Defects and Deformities.*—757 cases of lateral curvature were recorded, of which only fifty were found among the boys. 354 cases were referred for treatment. There were 197 defects due to rickets and 299 unclassified, but for the most part consisting of flat foot.

(*k*) *Infectious Diseases.*—Precisely the same arrangements are adopted as in elementary schools. No closures were necessary.

(*l*) "*Following-up.*"—The arrangements for "following-up" are the same as in the other schools, except that school nurses are not employed.

(*m*) *Medical Treatment.*—There is little to add to my remarks in the reports for the years 1920 and 1921—on pages 37 and 31 respectively. There are no clinics or other facilities generally available for the treatment of marked cases of lateral curvature and similar deformities. Fortunately the vast majority of the cases recorded are of a mild type and could be satisfactorily treated at school by means of ordinary remedial exercises. The difficulty is that the present staff of physical drill mistresses cannot find time to devote sufficient attention to the matter. I think that the whole subject should be approached, not entirely with an idea of providing treatment for the recorded cases, but rather with a view to preventing their occurrence. For this purpose, it will be necessary to review the subject of physical exercises in elementary schools (from which some fifty per cent. of secondary pupils are recruited), and the necessity of dealing with these defects, amongst others, should be borne in mind when considering the question of the appointment of organisers of physical training.

Sub-sections (*n*) to (*q*) remain precisely as in my report for 1920.

20.—Continuation Schools.

There are no Continuation Schools in the County.

21.—Employment of Children and Young Persons.

See my report for 1920. The employment of children has been considerably reduced since the adoption of Bye-Laws under the Employment of Children Act, 1903, on the 1st of April, 1922. The number of children regularly employed on October 1st, 1922, was 224. It has not been necessary to institute proceedings for illegal employment during the year ended December 31st, 1922.

22.—SPECIAL ENQUIRIES.

In his annual report for 1920, the Chief Medical Officer of the Board of Education suggested that School Medical Officers should make special enquiry into one or more matters. I consequently requested the whole-time Medical Inspectors to submit special reports to me.

Dr. S. Tucker has reported as follows respecting the prevalence of goitre :—

The Occurrence of Goitre amongst School Children in parts of Kent.

Goitre, or enlargement of the thyroid gland, is usually regarded as a district or locality disease. The text books mention certain counties in which the complaint is endemic. Derbyshire is, of course, well known, but Devonshire, Hampshire and Sussex are also given as "goitre localities." The last-named county is of particular interest here, as the district or area dealt with below lies in South Kent, abutting on the Sussex border.

As regards causation of goitre, there seem to be two main theories —(1) that the disease is water-borne and due to some obscure chemical or microbic impurity, (2) that it is caused by, or due to, some deficiency of the most important secretion of the gland, a substance rich in iodine. This second cause may, of course, be the outcome of the first.

There is also a decided opinion that there is some connection between thyroid enlargement and the uterine functions in women. Another matter referred to in the text books is an hereditary or family disposition to the disease.

The foregoing are well known and generally accepted facts and are only mentioned in view of the following observations on the occurrence and distribution of cases of goitre amongst the school children in the particular area.

The school inspection district dealt with lies, as stated, in South Kent. It can be very roughly described as being a triangle with Maidstone at its apex, and the Sussex border, extending from Edenbridge on the west to Sandhurst on the east, as its base. The particular part of this district which appears to have the largest return of cases of goitre is the Cranbrook rural area. There are twelve schools in this division, with a roll of some 1,600 children.

The figures taken from routine inspections during 1922 at ten of these schools give the following results :—

Of girls, 10-14 years of age, 36.3% had definite thyroid enlargement.

Of boys, 10-14 years of age, 16.6%.

The figures relating to each school are shown in the following tabulation :—

Selected School Area.

Name of School.	No. on Roll.	Sex.	Year of Birth.	No. Examined	No. Affected.
Cranbrook C.E.	337	F	1909	9	—
Sissinghurst C.E.	94	F	1909	—	—
Benenden C.E.	103	F	1909	6	3
Goudhurst Winchet Hill ...	110	F	1909	7	1
Goudhurst C.E.	229	F	1909	10	7
Cranbrook Colliers Green...	74	F	1909	4	3
			1911	1	1
Hawkhurst C.E.	242	F	1911	18	5
			1910	1	1
Hawkhurst Highgate ...	143	F	1912	1	1
Sandhurst Cl.	187	F	1908	1	1
			1909	14	3
Goudhurst Kilndown ...	94	F	1909	5	2
			Total Females	77	28
Cranbrook C.E.	337	M	—	—	-
Sissinghurst	94	M	1909	3	—
Benenden C.E.	103	M	1909	9	—
Winchet Hill	110	M	1909	3	—
Goudhurst C.E.	229	M	1909	11	3
Cranbrook Colliers Green...	74	M	1909	6	3
Hawkhurst C.E.	242	M	1909	11	1
Sandhurst Cl.	187	M	1909	3	—
Kilndown Cl.	94	M	1909	2	1
			Total Males	48	8

Corresponding percentages from routine cases at six schools picked at random from other parts of the area show :—

21.3 per cent. girls, 2.7 per cent. boys affected.

The " intermediate " age group (8-9) in the Cranbrook area gave high figures of occurrence for girls and boys (approximately three girls to one boy), but as the total number examined was rather small, the figures are probably not very accurate. Besides which, it is quite certain that the older girls are the class most affected, at all events in this area. In one school, of ten girls examined between the ages of 12 and 13, seven showed definite enlargement of the gland.

Girls from 10-14 are the greatest sufferers, the figure varying from about one girl in every three in the particular area, to one in every five in the rest of the district. Boys are far less frequently affected, but in a " goitre locality " the ratio of girls affected to boys may be only 2-1, whereas in other parts it is 8 or 9-1. These figures are naturally not intended to convey the idea that they represent the actual incidence of the disease in the areas dealt with.

The numbers examined are far too small to produce reliable conclusions, but they *are* intended to convey the idea that goitre does exist with fair frequency in the whole district and with greater frequency in a particular part or parts of it, and that it is far more common amongst girls than boys.

There is one school in particular in the Cranbrook area in which goitre seems unusually common. The mixed department contains approximately 180 girls and boys. All these were examined for goitre and the results are interesting :—

Girls	13-14	8 cases.	Boys	13-14	3 cases.
Girls	12-13	3 cases.	Boys	12-13	—
Girls	11-12	2 cases.	Boys	11-12	—
Girls	10-11	1 case.	Boys	10-11	1 case.
Girls	9-10	2 cases.	Boys	9-10	—
Girls	8-9	4 cases.	Boys	8-9	4 cases.

An interesting fact in regard to the above figures is that seven of the twenty girls found as having enlarged thyroid belonged to three families. The family tendency is frequently noticed in medical inspections, a child with enlargement being quite often accompanied by a mother or sister also with goitre. Many women in this district have moderate sized goitres, though I cannot remember ever seeing a man with noticeable enlargement.

Rural districts would seem to produce a larger number of cases than do urban ones. Recently I examined 107 girls between the ages of 9 and 12, in schools of the only large town in the area. Of these, ten had some degree of thyroid enlargement, that is 9.3 per cent., or less than 1 in 10.

Nature of Enlargement, Symptoms, etc.

Very few cases of really large or disfiguring goitres have arisen in inspections this year. Where enlargement occurred, it was usually symmetrical. No cases of goitre with pressure or obstructive symptoms have been seen. Treatment appears variable in its results; one imagines that where there are no signs of growth or symptoms of any kind, it is not essential as it would appear that there is a distinct tendency for the gland to diminish in size without treatment in many cases between the ages of 14 and 21.

The only symptom which has been noticed with any frequency in these cases is the tendency to functional disorders of the heart (quick action of the heart and localised heart murmurs).

The girls usually affected were of the well-grown and well-developed type. Early menstruation was not infrequent. Naturally no definite conclusion as to causation, possible or probable, was arrived at. One's investigations are only starting.

Water supplies in the Cranbrook area are from very varying sources. There is one main water company, whose supply is, I believe, obtained locally; there are deep and shallow wells and springs; but it cannot be said that any one source appears to exercise a greater influence over the incidence of goitre than any other. It is proposed to make further investigations into these water supplies.

The only explanation given of the well-established fact that females are far more frequently affected with goitre than males is that the gland is of greater functional activity in the former. The findings in this district certainly coincide with this view, and, from the type of girl usually affected, it would certainly appear that there is some connection between goitre and the uterine functions. One is also inclined to think that there is something to be made of the hereditary or family factor, though, of course, if the disease be water-borne, all members of a family would come under the influence of the poison (microbic or otherwise). No data have yet been obtained of the effect on thyroid enlargement of boiling the drinking water in this district. This might prove useful if a sufficiently large number of cases could be investigated.

One realises that the subject is far too large and difficult for one to do more than to suggest theories as to causation in any particular district, but it is of much interest and well worth further investigation.

Dr. J. Selfe has reported as follows :—

The Practice of Breathing Exercises in the Schools.

Exercises in deep breathing are so important that special attention should be given to them, apart from other formal drills. It is true that any vigorous exercise will induce deep breathing, but a specific one for this purpose ensures it, and at the same time may be made an occasion for impressing the child with the importance of deep breathing.

The fundamental things to be remembered in conducting breathing exercises are : (1) The shoulders should be squared, (2) the mouth should be closed during the exercise. The child who is unable to keep the mouth closed should be referred to the School Medical Inspector. Breathing exercises should raise the walls of the chest and push down the diaphragm, or midriff, but it should be kept in mind that raising the chest walls without depressing the diaphragm is not a breathing exercise.

In or out of school, at any time in life, a breathing exercise lasting three minutes and consisting of twenty slow, vigorous inspirations and expirations, performed thrice daily, meets the usual requirements.

Directed by the School Medical Officer, and with a view to the more exact ascertainment of how breathing exercises are conducted in the elementary schools, I have prosecuted certain inquiries when visiting the schools for medical inspections. The following table gives the results of these inquiries in 46 schools :—

Infants' Departments only.

No. of Schools.	No. of times daily exercises practised.	Method.	Use of Handkerchief.	Special selection made of mouth breathers.
13	2-3 times outdoors or indoors	In through nose and out through mouth, 10-20 times. Hands on hips, lower ribs, etc.	Yes.	No.
9	Ditto.	Ditto	No.	No.
4	Ditto.	Ditto	Yes.	Yes.
5	Twice daily.	Ditto	Yes.	No.
5	Ditto.	Ditto	No.	No.
2	Ditto.	Ditto	No.	Yes.
1	Once daily.	Ditto	No.	No.
2	Thrice daily.	Ditto	Yes.	No.
1	Ditto.	Ditto	No.	No.
1	3-4 times daily.	Ditto	Yes.	No.
1	Four daily.	Ditto	Yes.	Yes.
2	Twice daily.	Nostrils alternately closed by fingers, during some exercises.	Yes.	No.

It will be noted that the practice of using the handkerchief before breathing exercises is not universal. This is probably on account of the difficulty of finding handkerchiefs on the child's person.

It will also be noticed that the children are taught to expire through the mouth. It would be advantageous if the expirations also took place through the nose and the number of inspirations and expirations (not less than 20) be carried out thrice daily in the open air, weather permitting. The use of the handkerchief as preliminary to the exercises should be insisted upon.

With regard to the last column, headed "Special selection of mouth breathers," an attempt was made to ascertain if those children who exhibited to an inordinate degree the habit of mouth breathing were given special attention when carrying out the exercises. As will be seen, most of the replies were in the negative, the head teachers informing me that there was little time available for this purpose, which is understandable.

Chronic nasal obstruction, which results in mouth breathing, is almost synonymous with adenoid nasal obstruction, and the proper establishment of nasal breathing is sometimes impossible without operation.

It is, however, possible to improve the less marked cases of adenoid nasal obstruction by the diligent practice of breathing exercises combined with the use of the nasal douche and handkerchief to such an extent that operation can be avoided.

The establishment of proper nasal breathing and the correct method of breathing is therefore of great importance, and should be made a special point of when addressing the senior boys and girls on the subject of general hygiene.

The following reports have been received from Dr. W. Lessey :—

Rickets.

" Rickets is a disease of the young involving the nutrition, with manifestations in various parts of the body, especially the bones.

" The disease varies in severity from a mild condition of restlessness with sweating, to one of gross deformity and even death. In his systematic inspections the School Medical Inspector has the opportunity for recognising the mild as well as the severe varieties, and he is in a position to advise the parents.

" The disease is due to a lack of certain essential constituents in the diet, and this is associated with other factors in which hygiene is unsatisfactory. It occurs in children who have not had a sufficient quantity of milk; this is the case in children of the poorer classes whose mothers are often not very well nourished when infants are being nursed, and these parents are unable to provide suitable cow's milk in the first two or three years of the child's life, and suitable varied diet as the child approaches school age.

" Other factors which operate against the child are the locality of the residence; it has been noticed that those who reside in the overcrowded parts of the towns are more liable to the disease. Deficiency of air and sunlight and want of cleanliness are associated with this disease. My experience in the Dartford area is that the disease is not as common as might have been expected. In 1922 there were three children noticed with the severe type of the disease and about two per cent. of the children inspected during the year were subjects of the milder types. It is possible that owing to the present unemployment and general contraction of wages the proportion of this disease will increase in the next few years.

" My experience is that the disease is not as common in the country districts as it is in the towns. It is important to recognise this disease early and to advise the parents with regard to treatment, because there is very good evidence that it is a deficiency disease, and the treatment carried out on this basis is very convincing and satisfactory.

"As this is one of the insidious painless diseases, parents are often inclined to take little notice of it. The parents do not appreciate the significance of the disease in the same light as the doctor who has had some experience in maternity hospitals.

" A little recounting of the handicaps of a confined chest, unsightly head, or deformed pelvis, usually convinces the parents and leads them to take a real interest in the treatment. They realise that treatment is justified; they appreciate the advice of the doctor, and they make an effort to carry out the treatment.

" The food of a child for the first few years of its life should consist mainly of the products of the dairy, such as milk, butter, eggs and cheese.

Flat Foot.

" Flat foot is a deformity in which there is a loss of the arch of the foot. There are various degrees of the deformity, depending on whether the arch is reproduced when the weight of the body is taken off the feet or when the individual rises on the balls of the toes, whether the arch can be restored by the manipulation of the surgeon or manipulation when the individual is under the influence of an anæsthetic, or whether correction is impossible without an operation because the structures are completely displaced and altered.

" There are many causes of the condition, such as rheumatism, rickets, paralysis, injury, heredity, much standing, and general loss of tone of the system, particularly after one of the infectious fevers. The condition in children occurs most frequently with anæmia and rickets and after rheumatism, influenza and other fevers.

" From observations made in the Dartford schools, flat foot is not a common deformity amongst children of the elementary school age, but judging by the cases observed when it occurs, it does so in an acute form and rather suddenly when the child gets up and about after an acute fever.

" The tone of the child's whole system is impaired by the poisons of the disease from which he has recovered, and as soon as he places the weight of his body on the weakened tendons and ligaments supporting the arch of the foot, these stretch and register the degree of debility of the system.

" In this part of the country the arch of a normal child's foot is not as marked as that seen in other parts of the country.

"In treating flat foot, attention should be given to the general condition of the body, which should be built up, and the muscles should be carefully exercised, without undue fatigue. The child should be relieved of standing, and he should be instructed to carry out Ellis's special exercises. If the condition is acute he should wear metal supports in his boots, and pronounced degrees of the deformity will call for surgical interference."

Dr. F. Wolverson reports as follows :—

The Influence of Nose and Throat Conditions upon Mental Development.

"I have endeavoured, so far as possible, to ascertain the effect of the presence of enlarged tonsils or adenoids, or both, upon the mental development of children. After the day's routine inspection there remains but little time for an investigation of this kind, and in three months I have not been able to examine sufficient cases for figures to be as reliable as could be hoped.

1. I examined for enlarged tonsils and adenoids every child who was scheduled as 'Retarded two or three years, according to age.'

2. In each case of tonsils and adenoids discovered in the course of routine inspection I enquired from the class teacher as to the child's mental capacity, and when desirable, applied Terman's tests to determine the mental age.

3. I enquired, as far as possible, into the effect upon the mentality that removal of tonsils and adenoids had produced.

"I am able to submit the following general conclusions :—

1. About 30 per cent. of retarded cases are mouth breathers either from presence of tonsils and adenoids or from habit formed before removal of same.

2. With one or two striking exceptions, children suffering from tonsils and adenoids are dull and backward, in degrees varying according to the amount of obstruction to breathing and of sepsis.
   In the small number of cases to which I applied Terman's test I found that the child almost always attained a higher intelligence quotient than its educational progress appeared to justify.

3. The effect of removal of enlarged tonsils and adenoids upon the intelligence is in inverse ratio to the age at which removal takes place, so that in children of twelve or over the effect is often slight, while in younger children the operation is followed by immediate and great improvement."

The following is a report by Dr. Mary O'Connor :—

Postural Deformities.

LATERAL CURVATURE.

" 1. *Causation.*—In the case of lateral curvature the prevailing causes appear to be bad habits, *e.g.*, standing on one foot, carrying school bags over one shoulder, writing with the left shoulder elevated and the right forearm unsupported. My investigation has also led me to believe that some cases of deformity are due, in the case of large families, to children carrying the younger members while their physical development is not equal to the strain. Constitutional weakness and debility account for a relatively small proportion of cases. About 1 per cent. or less are due to irregularity in the length of the legs. Some of the above causes also refer to round shoulders. I have eliminated unsuitable desks as a factor in the causation of these deformities, as in most of the schools the children are fitted to the desks at regular intervals.

" 2. *Incidence.*—The following gives an approximate idea of the number of curvatures at one of the schools :—

Total number of cases inspected	248
No. of curvatures (lat.)	57
No. recommended for remedial exercises ...	42

" 3. *Severity.*—The deformity was of the first degree, C curves being present in practically all cases.

" FLAT FEET.—A rather interesting investigation was carried out at the Dartford County School for Girls, where from the footprints of 346 girls the following results were obtained :—

8.1%	very flat.
13.9%	slightly flat.
78.0%	normal.

Of these, 24 were treated for a term with the following results :—

4.6%	very flat.
13.3%	slightly flat.
82.1%	normal.

" In my opinion the physical exercises have not failed to prevent the production of the deformities. These deformities in most cases have developed prior to the admission of the children to the county secondary schools, as most of the deformities have been discovered among the ' new entries,' and they are relatively absent in children who have entered the school at an early age and have had the benefit of a skilled gymnastic mistress.

"Remedial exercises are only advised in conjunction with the gymnastic mistress when the ordinary exercises have failed to remedy the deformity. In my opinion more frequent gymnasium classes would reduce the necessity for so much remedial work."

SUMMARY OF REPORTS ON WATER SUPPLIES.

Number of schools reported on, 413.

Number in which water supply is laid on from the main (public water company or private supplies), 330. This includes cases in which supply is laid on to school house.

Number in which supply is obtained from wells on or distant from the premises, springs, rain water, etc., 83.

The actual number of schools (included in the above) reported as having no water supply, either main or wells or tanks, on the premises is 13. One of these 13 schools is spoken of as having a dried-up well on its premises.

Of the 83 schools whose supply does not come from the main—

29 obtain water from a well on the premises.
16 obtain water from a well at some distance.
22 obtain water from a rain water cistern on the roof.
15 supplied by roof rain water, collected in an underground tank.
7 obtain water from a spring.
5 not stated, etc.

The difference in the totals is accounted for by the fact that some of the schools have two methods of supply, viz., well and rain water tank, and in some cases different departments of the same school have different sources of supply.

Accommodation at various Schools for Washing.

Taking the schools which have a supply from the main—

243 and one department have a system of fixed basins with taps. This includes two schools in which one department at least has no such system.

33 have no basins, but sinks or washing troughs.

18 have sinks or troughs in addition to basins.

14 and one department have neither fixed basins nor sinks. Most of these draw their supply from a stand pipe. Buckets or bowls on movable stands are then used.

2 schools and two departments have no facilities for washing, according to reports.

In 40 method of ablution is not stated.

Of the 83 schools which do not obtain water direct from the main—

20 have a proper system of pipes and taps to fixed basins.
49 schools and four departments use buckets, pails, hand-bowls, etc.
2 schools and one department have sinks.
2 have no arrangements.
10 schools have no stated means of ablution.

Utensils for Drinking.

250 schools are noted as having a varying number of enamel metal mugs or cups.
12 schools and four departments are reported to have drinking fountains with metal cup attached.
36 schools and two departments use glasses, china cups or mugs.
29 schools and ten departments are said to have no utensils provided for drinking purposes.
In reports on 87 schools no mention is made of drinking utensils

Flushing of Sanitary Conveniences.

211 schools and one department have water laid on to the sanitary conveniences.
130 schools are reported as having no water laid on to w.c.'s, etc. This included two with water laid on to boys' urinal only.
In the case of 82 schools and one department it is not stated if there is a supply to offices.

Number of Basins provided.—The number of basins per school where stated) is extremely variable. Of about 170 schools in which number is given there is one which has only one basin to every 200 scholars, seven schools average over 100 scholars per basin, whilst at the other end of the scale two schools have one basin for under ten scholars and 22 one basin for under 20 children. Generally speaking, one may say that the majority of schools reported on have inadequate washing accommodation.

Drinking Utensils.—The numbers of children to one drinking vessel are also very variable. Reports seem to vary from "several dozen utensils" in a school with average attendance 250, to about one to 50 or 60. Several reports seem to indicate lack of care in cleaning the utensils used.

Defects Reported.—The following is a summary of the chief defects in the washing and drinking supplies mentioned :—

	Schools.
Wash basins and taps in need of repair, unsatisfactory or dirty	13
Water supply cut off to basins	2
Insufficient washing accommodation (extreme case) ...	1
Drinking supply unsatisfactory	1

	Schools.
Drinking utensil unsatisfactory (does not include dirty utensils)	1
Pump out of repair	1
Rain water tank too small	1
Drinking fountain not working	1
No water supply on premises, causing hardship to children	1

Other Features of Reports.—Where the quality of water supply is reported on, and this has only been done in a few cases, " hardness " predominates. This, perhaps, is only to be expected.

Remarks.—Generally speaking, for a mainly rural district, the schools seem to be well supplied with water for washing and drinking. The washing accommodation in the larger number of schools reported on calls for increased facilities. The same remark, perhaps, applies to the number of utensils and methods for drinking.

More schools might be provided with water flush system to the sanitary conveniences with advantage.

Cleanliness of basins and drinking utensils should be more rigidly enforced.

23.—MISCELLANEOUS.

Examinations of assistant masters, mistresses, and scholarship candidates. Table 23 gives a summary of work done under this heading.

Surgical Instruments.

During the year the undermentioned child was supplied with a surgical appliance :—

Case.	*Appliance.*	*Cost.*
G.D.	Mechanical chair	£42 (£20 paid by Committee)

Early in 1922 the Board of Education withdrew their approval of the Committee's arrangements under this heading.

Prosecutions, etc.—Eight parents were prosecuted during the year under the attendance bye-laws in connection with twelve children excluded from school on account of verminous conditions, and eight cases were referred to district medical officers of health on account of verminous conditions, etc. It was also found to be necessary to report thirty-one parents to the National Society for the Prevention of Cruelty to Children.

Table 9 (*Board of Education Table I.*)

ELEMENTARY SCHOOLS.

Number of Children Inspected from January 1*st*, 1922, *to December* 31*st*, 1922.

A. ROUTINE MEDICAL INSPECTION.

	Entrants.					
Age	3	4	5	6	Other Ages.	Total.
Boys ...	—	11	2,240	997	274	3,522
Girls ...	—	13	2,046	1,041	264	3,364
Totals	—	24	4,286	2,038	538	6,886

	Intermediate Group.	Leavers.					Grand Total.
Age	8	12	13	14	Other Ages.	Total.	
Boys ...	3,795	29	3,720	34	—	3,783	11,100
Girls ...	3,616	58	3,772	37	—	3,867	10,847
Totals	7,411	87	7,492	71	—	7,650	21,947

B. SPECIAL INSPECTIONS.

	Special Cases.	Re-Examinations (*i.e.* No. of Children Re-examined.)
Boys	1,127	4,248
Girls	1,232	4,320
Totals	2,359	8,568

C. TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (NO CHILD BEING COUNTED MORE THAN ONCE IN ONE YEAR).

No. of Individual Children Inspected.
26,604

Table 10 (*Board of Education Table II.*)

ELEMENTARY SCHOOLS.

Return of Defects found in the course of Medical Inspection in 1922.

Defect or Disease. (1)		Routine Inspections.		"Specials."	
		Number referred for treatment. (2)	Number requiring to be kept under observation but not referred for treatment. (3)	Number referred for treatment. (4)	Number requiring to be kept under observation but not referred for treatment. (5)
Malnutrition ...		230	110	30	6
Uncleanliness	Head ...	383	18	73	—
	Body ...	58	9	11	—
Skin	Ringworm:				
	Head ...	14	2	68	—
	Body ...	8	—	52	1
	Scabies ...	8	—	38	—
	Impetigo ...	51	1	219	2
	Other Diseases (non-Tubercular) ...	51	13	94	1
Eye	Blepharitis ...	120	13	30	1
	Conjunctivitis ...	19	3	11	—
	Keratitis ...	—	—	2	—
	Corneal Ulcer ...	7	—	3	1
	Corneal Opacities ...	2	3	3	2
	Defective Vision ...	916	206	251	32
	Squint ...	116	19	35	5
	Other Conditions ...	22	5	7	1
Ear	Defective Hearing ...	158	21	58	8
	Otitis Media ...	67	11	51	2
	Other Ear Diseases ...	43	3	20	3
Nose and Throat	Enlarged Tonsils ...	511	317	56	15
	Adenoids ...	197	88	66	19
	Enlarged Tonsils and Adenoids ...	209	48	65	9
	Other Conditions ...	48	15	52	1
Enlarged Cervical Glands (Non-Tubercular) ...		107	173	21	5
Defective Speech ...		5	8	2	—
Defective Teeth ...		1939	45	112	4
Heart and Circulation	Heart Disease:				
	Organic ...	26	31	18	10
	Functional ...	10	102	2	9
	Anæmia ...	158	56	48	7
Lungs	Bronchitis ...	134	72	11	3
	Other Non-Tubercular Diseases ...	23	54	9	6
Tuberculosis	Pulmonary:				
	Definite ...	10	3	9	3
	Suspected ...	49	26	27	7
	Non-pulmonary:				
	Glands ...	15	9	12	3
	Spine ...	—	—	—	—
	Hip ...	1	—	3	—
	Other Bones and Joints ...	2	1	1	1
	Skin ...	—	—	1	—
	Other Forms ...	3	—	1	3
Nervous System	Epilepsy ...	9	10	6	6
	Chorea ...	8	10	10	11
	Other Conditions ...	13	23	22	2
Deformities	Rickets ...	23	6	1	4
	Spinal Curvature ...	41	12	9	5
	Other Forms ...	84	18	15	3
Other Defects and Diseases ...		175	126	207	34
	TOTALS	6073	1690	1842	235

Number of INDIVIDUAL CHILDREN having Defects which require treatment, or to be kept under Observation.	8186

Table 11 (*Board of Education Table III.*)

ELEMENTARY SCHOOLS.

Numerical Return of all Exceptional Children in the Area in 1922.

			Boys	Girls	Total
	Blind (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893).	Attending Public Elementary Schools	4	10	14
		Attending Certified Schools for the Blind	9	10	19
		Not at School	4	6	10
	Myopes.	Attending Public Elementary Schools	3	9	12
		Attending Certified Schools for the Blind	—	2	2
	Deaf and Dumb (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.)	Attending Public Elementary Schools	14	13	27
		Attending Certified Schools for the Deaf	25	31	56
		Not at School	—	1	1
Mentally Deficient.	Feeble-Minded,	Attending Public Elementary Schools	125	93	218
		Attending Certified Schools for Mentally Defective Children... ...	33	33	66
		Notified to the Local Control Authority by Local Education Authority during the year...	1	2	3
		Not at School	25	24	49
	Imbeciles.	At School	1	1	2
		Not at School	69	58	127
	Idiots	... ...	10	5	15
	Epileptics.	Attending Public Elementary Schools	35	35	70
		Attending Certified Schools for Epileptics	6	5	11
		In Institutions other than Certified Schools	—	1	1
		Not at School	5	3	8
Physically Defective,	Pulmonary Tuberculosis,	Attending Public Elementary Schools	123	163	286
		Attending Certified Schools for Physically Defective Children ...	—	1	1
		In Institutions other than Certified Schools	2	3	5
		Not at School	3	5	8
	Crippling due to Tuberculosis.	Attending Public Elementary Schools	36	24	60
		Attending Certified Schools for Physically Defective Children ...	1	—	1
		In Institutions other than Certified Schools	—	6	6
		Not at School	4	1	5
	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	127	105	232
		Attending Certified Schools for Physically Defective Children ...	18	9	27
		In Institutions other than Certified Schools	1	—	1
		Not at School	11	12	23
	Other Physical Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools; Children suffering from severe heart disease.	Attending Public Elementary Schools	61	81	142
		Attending Open-air Schools	2	2	4
		Attending Certified Schools for Physically Defective Children, other than Open-air Schools ...	2	1	3
		Not at School	2	4	6
	* Dull or Backward.	Retarded 2 years	550	456	1006
		Retarded 3 years	309	264	573

* Judged according to age and standard. No case retarded more than three years is included in this category unless it has been decided after examination by the Medical Officer that the child is not mentally defective.

Table 12 (*Board of Education Table IV.*)

ELEMENTARY SCHOOLS.

Treatment of Defects of Children during the period July 1*st*, 1921, *to June* 30*th*, 1922.

A. TREATMENT OF MINOR AILMENTS.

Disease or Defect.	NUMBER OF CHILDREN			
	Referred for Treatment.	Treated, or under Treatment.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin—				
Ringworm—Head	173	139	34	173
Ringworm—Body	110	94	16	110
Scabies	101	86	15	101
Impetigo	445	415	30	445
Minor Injuries	12	12	—	12
Other Skin Diseases	184	172	12	184
Ear Disease	105	68	37	105
Eye Disease (external and other) ...	112	81	31	112
TOTALS ...	1242	1067	175	1242

B. TREATMENT OF VISUAL DEFECT.

NUMBER OF CHILDREN.										
Referred for Refraction.		Submitted to Refraction.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
During Year under review	Previous period	Under Local Education Authority s Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
1486	507	797	206	49	1052	856	842	31	23	240

TABLE 12—(continued.)

C. TREATMENT OF DEFECTS OF NOSE AND THROAT.

<table>
<tr><th colspan="2">Referred for Treatment.</th><th colspan="4">NUMBER OF CHILDREN.</th></tr>
<tr><th></th><th></th><th colspan="3">Received Operative Treatment.</th><th rowspan="2">Received other Forms of Treatment.</th></tr>
<tr><th>During Year under review.</th><th>Previous period</th><th>Under Local Education Authority's Scheme—Clinic or Hospital.</th><th>By Private Practitioner or Hospital.</th><th>Total.</th></tr>
<tr><td>1414</td><td>858</td><td>569</td><td>355</td><td>924</td><td>263</td></tr>
</table>

D. TREATMENT OF DENTAL DEFECTS.

1. *Number of Children dealt with.*

<table>
<tr><th rowspan="2"></th><th colspan="10">AGE GROUPS.</th><th rowspan="2">'Specials"</th><th rowspan="2">Total.</th></tr>
<tr><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th></tr>
<tr><td>(a) Inspected by Dentist ... ...</td><td>1777</td><td>2337</td><td>2367</td><td>1127</td><td>376</td><td>58</td><td>51</td><td>52</td><td>42</td><td>13</td><td>170</td><td>8370</td></tr>
<tr><td>(b) Referred for Treatment... ...</td><td colspan="10">... ... 5022 ... ...</td><td>169</td><td>5191</td></tr>
<tr><td>(c) Actually treated... ... ...</td><td colspan="10">... ... 2854 ... ...</td><td>393</td><td>3247</td></tr>
<tr><td>(d) Re-inspected ... ...</td><td colspan="10">... ... 2119 ... ...</td><td>12</td><td>2131</td></tr>
<tr><td>(e) Re-treated (result of periodical examination) ... ...</td><td colspan="10">... ... 622 ... ...</td><td>79</td><td>701</td></tr>
</table>

2. *Particulars of Time given and of Operations undertaken.*

<table>
<tr><th rowspan="2">No. of Half-days devoted to Inspection.</th><th rowspan="2">No. of Half-Days devoted to Treatment.</th><th rowspan="2">Total No. of Attendances made by the Children at the Clinics.</th><th colspan="2">No. of Permanent Teeth.</th><th colspan="2">No. of Temporary Teeth.</th><th rowspan="2">Total No. of Fillings.</th><th rowspan="2">No. of Administrations of General Anæsthetics included in (4) and (6).</th><th colspan="2">No. of Other Operations.</th></tr>
<tr><th>Extracted.</th><th>Filled.</th><th>Extracted.</th><th>Filled.</th><th>Permanent Teeth.</th><th>Temporary Teeth.</th></tr>
<tr><td>(1)</td><td>(2)</td><td>(3)</td><td>(4)</td><td>(5)</td><td>(6)</td><td>(7)</td><td>(8)</td><td>(9)</td><td>(10)</td><td>(11)</td></tr>
<tr><td>135</td><td>698</td><td>4684</td><td>959</td><td>2088</td><td>8864</td><td>978</td><td>3463</td><td>6</td><td>936</td><td>1892</td></tr>
</table>

Table 13.

(*Board of Education. Table 4f.*)

ELEMENTARY SCHOOLS.

Treatment of Defects.

	No. Referred for Treatment.	No. Treated or Under Treatment.
Whooping Cough	28	26
Chicken Pox	10	9
Mumps	110	106
Malnutrition	128	70
Keratitis	1	1
Corneal Ulcer	4	3
Corneal Opacities	6	2
Other Eye Conditions	7	2
Defective Hearing	209	122
Otitis Media	43	29
Nose and Throat (other conditions) ...	52	37
Enlarged Cervical Glands	74	53
Defective Speech	14	7
Heart—		
Organic	32	12
Functional	17	4
Anæmia	178	107
Debility	49	30
Lungs—		
Bronchitis	62	52
Other	6	6
Tuberculosis Pulmonary—		
Definite	20	15
Suspected	59	39
Tuberculosis Non-Pulmonary—		
Glands	17	10
Spine	—	—
Hip	4	4
Other Bones and Joints	3	1
Other	11	9
Nervous System—		
Epilepsy	18	3
Chorea	21	12
Other	4	—
Deformities—		
Rickets	6	4
Spinal Curvature	47	29
Other Forms	57	25
Phimosis	27	10
Other Defects and Diseases	381	305
Totals	1,705	1,144

Table 14 (Board of Education Table V.)

ELEMENTARY SCHOOLS.

Summary of Treatment of Defects as shown in Table IV. (B. of E.) (A. B. C. D. and F.)

Diseases or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated, or Under Treatment.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	1,242	1,067	175	1,242
Visual Defects	1,993	797	255	1,052
Defects of Nose and Throat	2,272	569	355	924
Dental Defects	5,022	3,247	—	3,247
Other Defects	1,705	—	1,144	1,144
Totals	12,234	5,680	1,929	7,609

Table 15 (*Board of Education Table VI.*)

ELEMENTARY SCHOOLS.

Summary Relating to Children Medically Inspected at the Routine Inspections during the Year 1922.

(1) The total number of children medically inspected at the routine inspections	21,947*
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1,442
(3) The number of children in (1) suffering from—	
Malnutrition	1,515
Skin Disease	279
Defective Vision (including Squint)	1,876
Eye Disease	288
Defective Hearing	316
Ear Disease	162
Nose and Throat Disease	4,392
Enlarged Cervical Glands (non-tubercular)	4,850
Defective Speech	131
Dental Disease	10,722
Heart Disease—	
Organic	80
Functional	293
Anæmia	226
Lung Disease (non-tubercular)	606
Tuberculosis—	
Pulmonary definite	18
suspected	83
Non-Pulmonary	47
Disease of the Nervous System	169
Deformities	565
Other Defects and Diseases	751
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	4,866
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	1,170†

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* Not including "Specials."

† Very incomplete. Only children inspected during the first half-year were re-inspected during 1922.

Table 16 (*Board of Education Table I.*)

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Number of Children Inspected 1*st January*, 1922, *to* 31*st December*, 1922.

ROUTINE MEDICAL INSPECTION.

Age.	4	5	6	7	8	9	10	11	12
Boys ...	—	3	6	7	48	99	160	227	514
Girls ...	1	7	13	15	31	29	61	77	438
Totals ...	1	10	19	22	79	128	221	304	952

Age.	13	14	15	16	17	18	19	"Specials"	Totals.
Boys ...	525	547	643	223	101	46	12	19	3180
Girls ...	607	546	599	131	74	17	4	252	2902
Totals ...	1132	1093	1242	354	175	63	16	271	6082

No. of Re-examinations.	
Boys	719
Girls	1138
Total	1857

TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED.

No. of Individual Children Inspected.
6848

Table 17 (*Board of Education Table II.*)

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Return of Defects found in the course of Medical Inspection in 1922.

Defect or Disease.		Routine Inspection.		"Specials."	
		Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition ...		20	48	—	4
Uncleanliness	Head ...	1	—	—	—
	Body ...	—	—	—	—
Skin	Ringworm—				
	Head ...	—	—	—	—
	Body ...	3	—	—	—
	Scabies ...	2	—	—	—
	Impetigo ...	5	—	—	—
	Other diseases (Non-Tubercular)	11	6	2	—
Eyes	Blepharitis ...	10	1	1	—
	Conjunctivities ...	—	—	1	—
	Keratitis ...	—	—	—	—
	Corneal Ulcer ...	—	—	—	—
	Corneal Opacities ...	—	—	—	—
	Defective Vision ...	397	122	27	9
	Squint ...	6	1	—	—
	Other conditions ...	11	1	4	—
Ears	Defective Hearing ...	23	4	4	—
	Otitis Media ...	6	—	1	—
	Other Ear Diseases ...	10	2	1	—
Nose and Throat	Enlarged Tonsils ...	46	112	6	4
	Adenoids ...	14	9	4	3
	Enlarged Tonsils and Adenoids	7	3	3	1
	Other conditions ...	101	15	12	1
	Enlarged Cervical Glands (Non-Tubercular ...	3	19	—	1
	Defective Speech ...	4	1	1	—
	Teeth (Dental Diseases) ...	1292	17	33	2
Heart and Circulation	Heart Disease—				
	Organic ...	8	16	1	—
	Functional ...	3	78	—	3
	Anæmia ...	112	46	9	4
Lungs	Bronchitis ...	1	5	1	—
	Other Non-Tubercular Diseases	9	15	—	—
Tuberculosis	Pulmonary—				
	Definite ...	—	—	—	—
	Suspected ...	3	2	—	—
	Non-Pulmonary—				
	Glands ...	2	—	—	—
	Spine ...	—	—	—	—
	Hip ...	—	—	—	—
	Other Bones and Joints ...	—	—	—	—
	Skin ...	—	—	—	—
	Other forms ...	—	—	—	—
Nervous System	Epilepsy ...	1	1	—	—
	Chorea ...	—	—	—	—
	Other conditions ...	2	5	—	—
Deformities	Rickets ...	3	1	—	—
	Spinal Curvature ...	329	130	25	7
	Other Forms ...	139	18	9	—
	Other Defects and Diseases ...	391	94	32	5
	TOTALS	2975	772	177	44

Number of individual children having defects which required treatment or to be kept under observation	2623

Table 18 (*Board of Education Table IV.*)

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Treatment of Defects of Children during 1st *July*, 1921, *to June* 30*th*, 1922.

A. TREATMENT OF MINOR AILMENTS.

Nil.

B. TREATMENT OF VISUAL DEFECT.

NUMBER OF CHILDREN.										
Referred for Refraction.		Submitted to Refraction.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recommended for Treatment other that by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
Year under review	Previous period	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
477	160	14	302	71	387	355	349	6	6	61

C. TREATMENT OF DEFECTS OF NOSE AND THROAT.

		NUMBER OF CHILDREN.			
Referred for Treatment.		Received Operative Treatment.			Received other Forms of Treatment.
Year under review.	Previous period.	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
205	40	2	46	48	104

NOTE.—Arrangements have not been made for the treatment of Minor Ailments and cases of Dental Disease in Maintained, Aided and Private Schools.

Table 19.

(*Board of Education. Table 4f.*)

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Treatment of Defects.

	Cases Referred for Treatment.	Cases Treated or under Treatment.
Chicken Pox	1	1
Malnutrition	22	16
Skin Diseases :—		
Scabies	3	1
Other Skin Diseases	12	9
Eyes :—		
Blepharitis	10	9
Other conditions	5	3
Ears :—		
Defective Hearing	26	14
Other Diseases	16	9
Nose and Throat (other conditions) ...	11	9
Enlarged Cervical Glands	7	5
Defective Speech	4	1
Defective Teeth	1130	550
Oral Sepsis	9	6
Heart :—		
Organic	4	1
Functional	8	8
Anæmia	163	113
Lungs (Other)	4	3
Tuberculosis Pulmonary :—		
Suspected	5	5
Tuberculosis Non-Pulmonary :—		
Glands	3	2
Other	2	2
Nervous System :—		
Epilepsy	2	1
Other	8	4
Deformities :—		
Rickets	3	1
Spinal Curvature	249	152
Flat Feet	542	384
Other Forms	235	145
Debility	12	9
Other Defects and Diseases	76	50
TOTALS ...	2572	1513

Table 20 (*Board of Education Table V.*)

MAINTAINED, AIDED AND PRIVATE SCHOOLS. (SECONDARY SCHOOLS.)

Summary of Treatment of Defects as shown in Table IV.
(B. of E.) (A. B. C. D. and F.)

Disease or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ...	—	—	—	—
Visual Defects	637	14	373	387
Defects of Nose and Throat	245	2	46	48
Other Defects	2572	—	1513	1513
Total	3454	16	1932	1948

Table 21 (*Board of Education Table VI.*)

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Summary Relating to Children Medically Inspected at the Routine Inspections during the Year 1922.

(1) The total number of Children medically inspected at routine inspections	5811*
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	659
(3) The number of children in (1) suffering from—	
Malnutrition	641
Skin Disease	43
Defective Vision (including Squint)	1052
Eye Disease	75
Defective Hearing	52
Ear Disease	32
Nose and Throat Disease	973
Enlarged Cervical Glands (non-tubercular)	206
Defective Speech	21
Dental Disease	1832
Heart Disease—	
Organic	36
Functional	96
Anæmia	273
Lung Disease (non-tubercular)	54
Tuberculosis—	
Pulmonary Definite	—
Pulmonary Suspected	4
Non-Pulmonary	5
Disease of the Nervous System	23
Deformities	991
Other Defects and Diseases	1478
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	1996
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	622†

* Not including "Specials".

† Very incomplete. Only the children referred for treatment during two terms are re-inspected during the year.

Table **22.** *Showing Exclusions by the County Medical Officers' Staff and (for one month or over) by Private Practitioners during* 1922.

Defects.			By County Medical Officer's Staff.				By Private Practitioners or at Hospitals.				Grand Total.
			Medical Inspectors.	Tuberculosis Officers.	Nurses.	Total.	4-5 weeks.	5 weeks or over.	Indefinite.	Total.	
Malnutrition			4	—	—	4	2	2	1	5	9
Uncleanliness	Head		124	—	996	1120	—	—	—	—	1120
	Body		4	—	68	72	—	—	—	—	72
Skin	Ringworm	Head	42	—	191	233	8	1	13	22	255
		Body	26	—	74	100	—	—	1	1	101
	Scabies		24	—	60	84	2	—	5	7	91
	Impetigo		133	—	402	535	5	—	36	41	576
	Other Non-Tubercular Diseases		38	—	145	183	13	3	5	21	204
Eye	Blepharitis		3	—	—	3	—	—	—	—	3
	Conjunctivitis		5	—	3	8	5	—	1	6	14
	Keratitis		—	—	—	—	1	3	—	4	4
	Corneal Ulcer		3	—	—	3	3	—	1	4	7
	Corneal Opacities		1	—	—	1	—	—	—	—	1
	Defective Vision		12	—	—	12	6	6	2	14	26
	Squint		—	—	—	—	—	—	—	—	—
	Other Conditions		8	—	10	18	16	4	1	21	39
Ear	Defective Hearing		—	—	—	—	—	—	—	—	—
	Otitis Media		—	—	—	—	2	4	1	7	7
	Other Ear Diseases		5	—	9	14	11	3	1	15	29
Nose and Throat	Enlarged Tonsils		—	—	—	—	20	—	2	22	22
	Adenoids		—	—	—	—	3	—	1	4	4
	Enlarged Tonsils & Adenoids		—	—	—	—	2	—	1	3	3
	Other conditions		22	—	39	61	9	2	1	12	73
Enlarged Cervical Glands (Non-Tubercular)			6	—	8	14	10	5	2	17	31
Defective Speech			—	—	—	—	—	—	—	—	—
Defective Teeth			1	—	—	1	1	—	—	1	2
Heart & Circulation	Heart Disease	Organic	7	—	—	7	14	24	5	43	50
		Functional	1	—	—	1	7	3	—	10	11
	Anæmia		19	3	1	23	46	40	2	88	111
Lungs	Bronchitis		10	64	1	75	41	16	2	59	134
	Other Non-Tubercular Diseases		8	1	3	12	37	29	4	70	82
Tuberculosis	Pulmonary.	Definite	4	85	—	89	6	35	—	41	130
		Suspected	8	21	—	29	5	14	1	20	49
	Non-Pulmonary.	Glands	8	46	—	54	3	15	1	19	73
		Spine	—	4	—	4	—	—	—	—	4
		Hip	—	3	—	3	1	2	—	3	6
		Other Bones and Joints	1	4	—	5	1	1	—	2	7
		Skin	—	2	1	3	1	—	—	1	4
		Other forms	—	7	—	7	1	12	—	13	20
Nervous System.	Epilepsy		2	—	—	2	7	7	5	19	21
	Chorea		20	1	3	24	35	45	8	88	112
	Other conditions		10	—	—	10	29	25	7	61	71
Deformities.	Rickets		—	—	—	—	—	2	—	2	2
	Spinal Curvature		2	—	—	2	—	2	—	2	4
	Other forms		1	—	1	2	—	1	—	1	3
Other Defects and Diseases			183	41	165	389*	298	192	88	578†	967
TOTALS			745	282	2180	3207	651	498	198	1347	4554

* Includes 125 cases of Debility. † Includes 223 cases of Debility.

In addition to the exclusions shown in the above tabulation, the School Medical Officer issued during the year, 63 certificates of permanent exclusion from school—42 in respect of mental condition, 20 in respect of physical condition, and one on account of both physical and mental states.

TABLE 23.

Examinations of Pupil Teachers, Bursars, etc., 1922.

Denomination of Persons.	Numbers examined.	Defects of								Squint.	Blepharitis.	Anæmia.	Scoliosis.	Flatfoot.	Heart Disease.	Other conditions.	Recommendations made.				
		Teeth		Articulation	Breathing.	Tonsils and Adenoids	Ears.		Vision.								Teeth.	Tonsils and Adenoids.	Vision.	Hearing.	Other conditions.
		4 +	4—				Deafness.	Discharge.													
Female—																					
Bursars...	21	1	12	...	...	1	...	...	5	...	...	3	1	2	...	2, lateral curvature; 1, enlarged thyroid; 1, pyrexia; 1, goitre.	6	...	3	...	...
Pupil Teachers	43	1	16	...	2	2	...	...	7	...	...	1	1	10	1, irregular action	3, lateral curvature; 3, round shoulders; 1, rickets; 1, nervous; 1, acne.	11	...	3	...	...
Assts. in Secondary Schools	28	...	3	...	...	1	...	...	5	...	...	1	...	5	...	1, lateral curvature; 4. slight curvature.	2	...	2	...	...
Senior Exhibitioners ...	2	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	1	...	...
Higher Exhibitioners ...	12	...	2	...	1	2	...	...	2	...	...	1	...	2	1, pre-syst. murmur	2, goitre.	2	...	2	...	1, exercises for flat foot.
Special Exhibitioners ...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1. round shoulders.	...	...	...	...	1, exercises for round shoulders.
Junior Exhibitioners ...	7	...	2	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	1	...	...
Student Teachers	2	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Junior Technical Scholarships	30	2	14	...	...	2	1	...	8	...	...	1	...	9	1, pulm syst. 1, mitral syst.	12, lateral curvature; 4, round shoulders; 1, genu valgum; 1, acne.	13	...	4	1. (for observation).	...
Free Place Scholarships ...	180	6	62	2	16	15	1	...	33	2	...	21	...	65	1, funct.	21, lateral curvature; 7. slight curvature; 30, spinal curvature; 2, goitre; 9, round shoulders; 6, rickets; 8, genu valgum; 1, short leg; 5, enlarged cervical glands; 3, nits in hair, 1, deformity of spine; 1, deformity of chest; 1, flat chest; 1 hollow chest; 1, pigeon chest; 1, nasal obstruction; 1. conjunctivitis; 1, ringworm; 1. slight bronchitis; 1, injury to toe; 1, epilepsy; 1, alopecia; 1, enlarged thyroid.	50	...	22	1	1, lateral curvature; 3. exercises for spinal curvature; 1, exercises for round shoulders; 14, breathing exercises; 4, anæmia; 8, exercises for flat-foot; 1, nasal obstruction; 3, to remove nits.
Male—																					
Bursars	15	1	4	...	...	...	...	...	4	1	...	...	...	1	1. funct.	1, slight lordosis; 1. slightly enlarged thyroid; 1, lateral curvature.	1	...	3	...	1, exercises for flat-foot; 1, functional heart disease.
Pupil Teachers	21	...	6	1	...	...	1	...	3	...	...	...	...	2	2, funct.	1 slight varicocele; 1, flat chest; 1, round shoulders.	2	...	...	...	...
Assts. in Secondary Schools	15	...	2	...	...	...	...	...	4	...	...	...	...	...	...	1, wax in ears; 1, hernia; 1, deformity of arm.	...	...	...	...	1, wax in ears to be removed.
Senior Exhibitioners ...	7	1	1	...	...	1	...	...	2	...	...	...	...	...	...	1, spinal curvature; 1, flat chest.	1	...	2	...	...
Higher Exhibitioners ...	15	...	3	...	...	...	...	...	...	...	...	...	...	...	1 funct. 1, mitral incompetence.	1, varicose veins.	...	...	...	...	...
Junior Exhibitioners ...	3	...	2	...	...	...	...	...	1	...	...	...	...	...	...	1, old tubercular peritonitis	...	...	...	...	1, rejected.
Special Exhibitioners ...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Student Teachers	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jun. Technical Scholarships	26	...	2	...	...	1	...	...	2	...	1	...	...	...	1, funct.	1, wax in ears; 1, uncleaniness.	1	...	2	...	1, wax in ears to be removed; 1, attention to cleanliness.
Free Place Scholarships ...	108	4	29	...	1	7	1	...	14	2	...	...	1	3	...	1, slight ptosis; 3, round shoulders; 2, enlarged cervical glands; 1, asthma; 1, malnutrition; 1, nervous condition; 1, deformity of arm; 1, deformity of elbow; 1, pigeon chest; 2, flat chest	9	...	7 (2 others for observation.)	...	1, scoliosis; 2, exercises for flat-foot; 2, exercises for round shoulders; 1, malnutrition; 1, nervous condition; 1, exercises for pigeon chest; 2, exercises for flat chest.
Total	543	16	162	3	20	32	4	...	92	5	1	28	3	102	11	174	99	...	52 (and 2 for observation).	1 (and 1 for observation.)	53

Table 24.

COUNTY OF KENT—SCHOOL CLINICS.

The following table details the work carried out during the year at the Minor Ailment Clinics.

Name of Centre		ASHFORD.								DARTFORD.								SEVENOAKS.								SITTINGBOURNE.								†SNODLAND.								TONBRIDGE.								SHEERNESS.								TOTALS.							
Medical Officer in Charge		Dr. F. Wolverson.								Dr. W. Lessey.								Dr. J. Selfe.								Dr. W. C. D. Hills.								Dr. A. F. Cole.								Dr. S. A. Tucker.								Dr. W. C. D. Hills.								—							
Diseases and Defects.		Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.				Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.				Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.				Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.				Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.				Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.				Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.				Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.			
		Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.			Number suffering from each defect.	Result.		
			Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.
MALNUTRITION		1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	2	2	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	1	—	1	—	6	1	3	2
UNCLEAN HEAD		—	—	—	—	12	—	12	—	—	—	—	—	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	3	3	—	—	1	1	—	—	—	—	—	—	6	6	—	—	3	3	—	—	30	18	12	—
UNCLEAN BODY		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	2	—	—	1	1	—	—
RINGWORM—HEAD		—	—	—	—	9	9	—	—	—	—	—	—	17	14	1	2	9	4	3	2	10	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	6	6	—	—	1	1	—	—	14	11	3	—	10	5	3	2	59	51	6	2
RINGWORM—BODY		—	—	—	—	—	—	—	—	—	—	—	—	9	8	1	—	5	4	—	1	2	2	—	—	1	1	—	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	11	3	—	—	—	—	—	10	6	4	—	6	5	—	1	44	36	8	—
SCABIES		—	—	—	—	2	2	—	—	—	—	—	—	10	8	1	1	—	—	—	—	—	—	—	—	—	—	—	—	10	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	1	—	—	—	—	—	26	23	2	1
IMPETIGO		—	—	—	—	76	76	—	—	20	18	1	1	34	30	4	—	3	3	—	—	1	1	—	—	1	1	—	—	14	13	1	—	—	—	—	—	4	4	—	—	1	1	—	—	33	28	4	1	—	—	—	—	24	16	8	—	25	23	1	1	186	168	17	1
MINOR INJURIES		—	—	—	—	18	18	—	—	—	—	—	—	20	18	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	13	12	1	—	—	—	—	—	—	—	—	—	—	—	—	—	52	48	3	1
OTHER SKIN DISEASES		—	—	—	—	17	—	17	—	12	9	2	1	18	18	—	—	3	1	2	—	3	—	3	—	2	2	—	—	9	9	—	—	—	—	—	—	8	6	1	1	—	—	—	—	20	13	6	1	—	—	—	—	8	8	—	—	17	12	4	1	83	54	27	2
EYES	Blepharitis	8	8	—	—	—	—	—	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	2	—	—	—	—	—	—	3	—	2	1	3	—	3	—	5	3	2	—	—	—	—	—	2	2	—	—	18	15	3	—	12	7	4	1
	Conjunctivitis	—	—	—	—	6	6	—	—	6	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	6	5	1	—	8	7	—	1
	Keratitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Corneal Ulcer	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	2	—	1	1	—	—
	Corneal Opacities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
	Defective Vision	—	—	—	—	—	—	—	—	—	—	—	—	20	20	—	—	2	2	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	2	1	1	—	8	1	5	2	12	12	—	—	6	6	—	—	16	15	1	—	36	29	5	2
	Squint	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	1	3
	Other Conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—
EARS	Defective Hearing	8	—	8	—	—	—	—	—	2	1	1	—	—	—	—	—	1	—	1	—	1	—	1	—	1	—	—	1	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2	—	12	1	10	1	7	2	5	—
	Otitis Media	11	—	11	—	—	—	—	—	9	7	2	—	9	8	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	7	1	6	—	—	—	—	—	10	7	3	—	22	8	14	—	26	16	10	—
	Other Ear Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—
NOSE AND THROAT	Enlarged Tonsils	—	—	—	—	—	—	—	—	4	4	—	—	1	1	—	—	4	3	—	1	5	4	1	—	—	—	—	—	2	1	—	1	—	—	—	—	1	1	—	—	2	2	—	—	2	2	—	—	47	2	41	4	7	1	6	—	57	11	41	5	18	10	7	1
	Adenoids	—	—	—	—	—	—	—	—	8	7	1	—	—	—	—	—	6	4	1	1	7	4	—	3	—	—	—	—	3	3	—	—	—	—	—	—	1	—	—	1	2	1	—	1	3	—	3	—	—	—	—	—	—	—	—	—	16	12	2	2	14	7	3	4
	Tonsils and Adenoids	—	—	—	—	8	—	8	—	6	6	—	—	5	5	—	—	8	6	—	2	10	8	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	3	—	3	—	—	—	—	—	18	13	3	2	24	14	8	2
	Other Conditions	—	—	—	—	13	13	—	—	13	11	2	—	11	9	1	1	1	—	—	1	4	2	1	1	—	—	—	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	6	1	—	—	—	—	—	—	—	—	—	14	11	2	1	40	35	3	2
ENLARGED CERVICAL GLANDS		—	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	4	4	—	—	1	—	—	1	—	—	—	—	—	—	—	—	4	1	3	—	—	—	—	—	—	—	—	—	2	—	—	2	11	5	6	—
DEFECTIVE SPEECH		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TEETH	4+	—	—	—	—	—	—	—	—	8	8	—	—	—	—	—	—	4	3	—	1	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	5	5	—	—	—	—	—	—	17	16	—	1	5	5	—	—
	4—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	5	5	—	—	2	2	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	5	5	—	—	7	7	—	—
	Oral Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
HEART DISEASE	Organic	3	—	—	3	—	—	—	—	2	2	—	—	7	6	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—	—	—	2	—	2	—	5	2	—	3	13	6	6	1
	Functional	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	1
ANÆMIA		—	—	—	—	—	—	—	—	15	14	1	—	—	—	—	—	1	—	1	—	1	—	1	—	1	—	1	—	15	8	4	3	5	—	3	2	8	2	4	2	2	—	2	—	4	—	3	1	—	—	—	—	—	—	—	—	24	14	8	2	28	10	12	6
LUNGS	Bronchitis	—	—	—	—	—	—	—	—	8	8	—	—	—	—	—	—	2	—	2	—	3	2	1	—	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	10	8	2	—	7	3	4	—
	Other	13	13	—	—	—	—	—	—	5	5	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—	—	—	2	—	2	—	19	18	1	—	5	—	5	—
PULMONARY TUBERCULOSIS	Definite	3	—	3	—	—	—	—	—	4	4	—	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	4	3	—	6	5	1	—
	Suspected	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	1	—	—	—	—	1	—	1	—	—	—	—	—	3	—	2	1	—	—	—	—	5	—	4	1	10	—	10	—	6	—	6	—	12	1	11	—	16	—	13	3
NON-PULMONARY TUBERCULOSIS	Glands	2	—	2	—	—	—	—	—	7	4	3	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	—	—	—	2	—	2	—	—	—	—	—	2	—	2	—	10	4	6	—	6	1	5	—
	Spine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Hip	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
	Other Bones and Joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	1	—	—	—	—	—
	Skin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
NERVOUS SYSTEM	Epilepsy	3	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	6	—	1	5	1	—	1	—
	Chorea	13	—	13	—	—	—	—	—	—	—	—	—	6	2	4	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	14	—	14	—	9	2	7	—
	Other	—	—	—	—	11	—	11	—	1	1	—	—	1	1	—	—	3	2	1	—	3	1	1	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	1	—	16	2	13	1
DEFORMITIES	Rickets	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—
	Spinal Curvature	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	2	—	1	1	2	—	—	2
	Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	1
MISCELLANEOUS		10	9	—	1	1	1	—	—	23	15	3	5	36	17	15	4	16	7	7	2	7	3	2	2	—	—	—	—	88	80	—	8	2	1	1	—	12	1	9	2	3	1	1	1	17	5	9	3	—	—	—	—	17	7	8	2	54	33	12	9	178	114	43	21
Total Number of Children represented by the above Defects		251								377								114								180								66								201								307								1496							

† This Clinic is only open on the first Wednesday in each month. All other Clinics are open each Saturday morning.